MAXIMUS Federal Services

Case Number:	CM14-0070777		
Date Assigned:	07/14/2014	Date of Injury:	08/25/2009
Decision Date:	09/10/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/16/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in New York. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The claimant is a 45 year old male who sustained an industrial injury on 08/25/2009. The mechanism of injury was not provided for review. His diagnoses include chronic left foot and ankle pain. He complains of difficulty with ambulation and functioning. On exam he has significant tenderness and pain along the lateral and medical ankle with positive and painful anterior and posterior drawer test. Treatment has included medications, steroid injection, orthotics, strapping and bracing, night splints, and physical therapy. The treating provider has requested left foot plantar fascia release between 03/11/2014 and 06/23/2014.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

1 Left foot plantar fascia release between 3/11/14 and 6/23/14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Plantar fascia surgery.

Decision rationale: There is no indication for the requested surgery. Per ODG guidelines, plantar fascia surgery is only indicated for severe cases of palntar fasciitis when other treatment

fails. 90% of patients have relief with non-surgical conservative management of plantar fasciitis however a small subset of patients have persistent, severe symptoms following at least 6-12 months of non-surgical intervention which may warrant surgery. In this case, there is no documentaiton of recent physical therapy and the claimant has significant ankle instability with confirmed ligament tears seen on MRI which appear to be the main source of the patient's problem. The claimant has been recommended to undergo tib-fib malleolar fixation and removal of the fixation 2 months later. Medical necessity for the requested left foot plantar fascia release has not been established. The requested service is not medically necessary.

Unknown post operative durable medical equipment: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability guidelines.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.