

Case Number:	CM14-0077360		
Date Assigned:	07/18/2014	Date of Injury:	11/15/2011
Decision Date:	08/25/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	05/27/2014

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 Chiropractics and is licensed to practice in California. 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 patient is a 50-year-old female, born on 04/27/1964. While at work on 11/15/2011 she was walking out a door, stepped backwards and had a misstep with significant force on her left heel, which caused her to stumble and when attempting to keep from falling, her left heel hit for a second time. On 08/13/2013, she was determined to have reached maximal medical improvement and was permanent and stationary. The podiatrist's reports of 02/11/2014 and 03/11/2014 note the patient had exhausted all conservative care; she had been stretching, icing, attending physical therapy (stretching exercises, ultrasound, TENS unit), had multiple injections, taken anti-inflammatory medications, used anti-inflammatory creams, had multiple pairs of custom-molded orthotics, and all these treatments had failed. On 03/11/2014, treatment options were discussed and the patient desired to undergo Tenex plantar fascial treatment. On 03/14/2014, she underwent microdebridement of the left foot plantar fascia with Tenex microdebrider. She was certified post-op physical therapy at a frequency of 2 times per week for 3 weeks. The podiatrist's progress report of 07/01/2014, reports the patient was seen in follow-up of bilateral heel pain, status post left Tenex plantar fasciitis surgery 03/14/2014. She reported numbness continued to improve, and she was recently authorized additional physical therapy. By examination on 07/01/2014, there was pain on palpation of the planter medial heel of calcaneous, incision site healed, no ecchymosis, no erythema, no edema, no pain with compression of calcaneous, ankle range of motion within normal limits, capillary refill time within normal limits, and protective sensation intact bilaterally. Diagnosis was reported as plantar fasciitis bilaterally status post left foot plantar fascia Tenex procedure 03/14/2014. The patient was to continue stretching, icing, wearing custom molded orthotics, Voltaren gel, and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) session of chiropractor, for massage therapy, for the left foot: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Ankle & foot, massage therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy Page(s): 60, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot (Acute & Chronic), Procedure Summary - Massage.

Decision rationale: The request for 1 chiropractic treatment session of massage for the left foot is not supported to be medically necessary. The patient is status post left Tenex plantar fasciitis surgery on 03/14/2014. California MTUS Postsurgical Treatment Guidelines report no recommendations for post-op therapy following plantar fascia surgery. California MTUS (Chronic Pain Medical Treatment Guidelines) reports massage therapy is an option and should be an adjunct to other recommended treatment (e.g. exercise). The submitted documentation does not provide evidence the requested massage therapy would be an adjunct to other recommended treatments; therefore, the request for 1 session of massage is not supported. ODG does not support massage therapy treatment of ankle and foot complaints. Therefore this request is not medically necessary.