

Case Number:	CM14-0078976		
Date Assigned:	07/18/2014	Date of Injury:	03/04/2013
Decision Date:	08/15/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	05/29/2014

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 licensed in Podiatric Surgery, 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:

According to the enclosed progress notes, the original date of injury for this patient was 3/4/2013. In a progress note, dated 5/5/2014 this patient complained of a left arch that was cramping, keeping the patient up at night. Prior treatments have included a series of cortisone injection with short-term relief to the left heel, night splint, PT to the heel, and inserts. A bone scan has demonstrated hotspots or increased uptake at the plantar calcaneal tubercle. Physical exam reveals tenderness upon palpation to the plantar medial and central aspects of the left heel. A contracture at the Achilles tendon is noted within early heel lift up upon ambulation. Diagnoses include left heel spur syndrome, plantar fasciitis left, gastrocsoleus equinus contracture, other acquired deformities of limb, other acquired deformities of soft tissue. A recommendation of plantar fascial release, heel spur removal was recommended. The authorization form filled out 5/5/2014 also states a request for an open tendon Achilles lengthening.

IMR ISSUES, DECISIONS AND RATIONALES

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

Plantar fascial release, and spur removal, left, open TAL(Tendon Achilles Lengthening.).
QTY:1: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Ankle and Foot (updated 03/26/14) Surgery for plantar fasciitis. <http://www.ncbi.nlm.nih.gov/pubmed/17038276>

:The long-term outcome of tendon lengthening for chronic Achilles tendon pain <http://www.ncbi.nlm.nih.gov/pubmed/1645003>: Retrospective analysis of calcaneal spur removal and complete fascial release for the treatment of chronic heel pain.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ankle and foot chapter, adult acquired flat foot.

Decision rationale: After careful review of the enclosed information and the pertinent MTUS and ODG guidelines, it is my feeling that the decision for Plantar fascial release, and spur removal, left, open TAL (Tendon Achilles Lengthening.) QTY: 1 is medically reasonable and necessary for this patient at this time. Chapter 14 of the MTUS guidelines state that a referral for surgical consultation may be indicated for patients that have activity limitation for more than one month without signs of functional improvement, failure of exercise programs to increase range of motion and strength of the musculature around the foot and ankle, and or clear clinical and imaging evidence of a lesion that has been shown to benefit in both short and long-term from surgical repair. The progress notes are explicit in describing patient's failure of past conservative treatments for the plantar fasciitis. There is also clear clinical imaging of physiologic activity at the plantar calcaneus on bone scan, denoting plantar fasciitis. The ODG guidelines concerning foot and ankle advise that an Achilles tendon lengthening is recommended in cases of an equinus contracture. The progress notes advised that this patient has a pathologic equinus contracture causing heel pain, and the physician feels that the patient would benefit from a tendon Achilles lengthening. Therefore, the request is medically necessary.