

Case Number:	CM13-0017399		
Date Assigned:	10/11/2013	Date of Injury:	03/18/2013
Decision Date:	03/10/2015	UR Denial Date:	07/30/2013
Priority:	Standard	Application Received:	08/28/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Minnesota, Florida

Certification(s)/Specialty: Orthopedic Surgery

CLINICAL CASE SUMMARY

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

This is a 45 year old female who suffered an industrial related injury on 3/7/12. A physician's report dated 5/16/13 noted the injured worker was diagnosed with plantar fasciitis and arthralgia of the ankle or foot. The injured worker had complaints of bilateral foot pain. An X-ray of the left foot revealed an inferior calcaneal spur, no fractures, no dislocations, and no cortical erosions. A MRI of the left foot revealed a small calcaneal plantar spur with no evidence of plantar fasciitis. Mild to moderate subcutaneous edema medial and lateral to the ankle was also seen. A physician's report dated 9/19/13 noted the injured worker's pain had not responded to conservative therapy. The injured worker was performing stretching exercises and had 2 previous injections. The injured worker wears supportive shoe gear with inserts. The physical examination revealed tenderness to palpation of the medial tubercle of the posterior process of calcaneus. Tenderness upon palpation of the medial longitudinal band of plantar fascia, plantar fascia taut, and no palpable dell was noted. No tenderness upon palpation of the Achilles tendon at insertion and no palpable dell were noted. The ankle joint dorsiflexion was 0 degrees with the knee extended and 7 degrees with the knee flexed. The physician's impression was of a small plantar spur with no otherwise significant abnormality. Surgery was recommended. On 7/30/13 the utilization review (UR) physician denied the requests for 1 left sided surgery for plantar fasciitis and 6 post-operative physical therapy visits. Regarding surgery, the UR physician noted there was no indication in the medical records that alternative methods of treatment have been attempted with this injured worker. The injury occurred 4 months prior and nonsurgical treatments are recommended for at least 6 to 12 months before a surgical intervention is

recommended. Therefore the request was denied. Regarding post-operative physical therapy, the UR physician noted physical therapy would not be indicated since surgery was not recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE (1) LEFT SIDED SURGERY FOR PLANTAR FASCIITIS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374-5. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Ankle and Foot (Acute and Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Section: Ankle and foot, Topic: Surgery for plantar fasciitis

Decision rationale: ODG guidelines do not recommend surgery for plantar fasciitis except in a small subset of patients with persistent severe symptoms refractory to nonsurgical intervention for at least 6-12 months. Plantar fasciotomy in particular total plantar fasciotomy may lead to loss of stability of the medial longitudinal arch and abnormalities in gait, in particular an excessively pronated foot. Therefore it is not recommended. In general, heel pain resolves with conservative treatment. In recalcitrant cases, however, entrapment of the first branch of the lateral plantar nerve should be suspected. Surgical release of this nerve can be expected to provide excellent relief of pain and facilitate return to normal activity. The documentation provided indicates a date of injury of 3/7/12. The utilization review mentions another date of injury of 3/18/13. The mechanism of injury is not reported; however, the injured worker was obese with a body weight of 344 pounds reported on 6/20/2013. The medical records provided start with an examination note of 5/16/2013 which states that the left heel pain had been present for several months. This indicates that there was a recurrence of pain in the early part of 2013 after the initial injury of 3/7/12. The documentation also indicates that there was an injection given in August 2012. The utilization review is dated 7/30/2013 and the denial was based upon not enough conservative treatment to satisfy the guideline requirement of 6-12 months. The guidelines are specific in that a plantar fascial release is not recommended; however surgical release of the first branch of the lateral plantar nerve is indicated in a small percentage of patients in which conservative treatment does not relieve the pain. The diagnostic studies provided include an x-ray and MRI scan. A small calcaneal spur was noted on the MRI scan but there was no evidence of plantar fasciitis noted on the scan. The surgical request does not mention the type of surgery and as such it is unknown whether the surgery is a plantar fascia release or the guideline supported surgical release of the first branch of the lateral plantar nerve. As such, the request for surgery as stated is not supported by guidelines and the medical necessity of the request is not substantiated.

SIX (6) POST OPERATIVE PHYSICAL THERAPY VISITS: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Section: Ankle and Foot, Topic: Surgery for plantar fasciitis.

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