

Case Number:	CM14-0195599		
Date Assigned:	12/03/2014	Date of Injury:	06/10/2010
Decision Date:	01/23/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	11/21/2014

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 Orthopedic Surgery 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:

This is a 53 year old female with a continuous trauma work related injury dated 06/10/2010 to 01/06/2011. Mechanism of injury was not noted in received medical records or in Utilization Review report. According to a podiatric progress report dated 10/13/2014, the injured worker presented with complaints of pain in her posterior, superior, and lateral right heel along with increased pain in the plantar medial right heel. Diagnoses included heel spur with plantar fasciitis, retrocalcaneal bursitis, retrocalcaneal exostosis, and right Achilles insertional tendinosis with anterior tendonitis. Treatments have consisted of medications, stretching exercises, and extra depth shoes. Diagnostic testing included x-rays that revealed bilateral plantar heel spurs. Work status is noted as temporarily partially disabled but works doing her normal job as a custodian. On 11/18/2014, Utilization Review non-certified the request for excision retrocalcaneal exostosis and bursitis with surgical repair, left Achilles insertion into the posterior left heel and Medial partial plantar fascial release with partial ostectomy heel spur citing California Medical Treatment Utilization Schedule American College of Occupational and Environmental Medicine Guidelines. The Utilization Review physician stated that the provider said although the injured worker had an injection on the right side, the left is worse and the injured worker wishes surgery. However, there is no documentation of any recent conservative care to the left heel/foot prior to surgical consideration. Therefore, the Utilization Review decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Excision retrocaicaneal exostosis and bursitis with surgical repair, left achilles insertion into the posterior left heel: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Bibliography 1.) Kang S, Thordarson DB, Charlton TP. Insertional Achilles tendinitis and Haglund's deformity. *Foot Ankle Int.* 2012 Jun;33(6):487-91. 2.) Kearney R, Costa ML. Insertional achilles tendinopathy management: a systematic review. *Foot Ankle Int.* 2010 Aug;31(8):689-94

Decision rationale: California MTUS/American College of Occupational and Environmental Medicine (ACOEM) and Official Disability Guidelines (ODG) are silent on the issue of retrocalcaneal bursectomy and excision of calcaneal spur. Alternative literature was searched. A recent article from *Foot and Ankle International* examined Haglund's deformity in symptomatic and asymptomatic patients. They determined that a Haglund's deformity was not indicative of insertional Achilles tendinitis and recommend against removal in the treatment of insertional tendonitis (1). Insertional tendonitis should be treated with nonsurgical management first. Evaluation of operative interventions in the literature has been predominately retrospective and remains a last resort (2). Based upon the records there is insufficient evidence that sufficient nonsurgical management has been attempted in the records from 10/13/14. There is no evidence that the claimant has been adequately immobilized including casting prior to determination for surgical care. Therefore the requested treatment is not medically necessary.

Medial partial plantar fascial release with partial ostectomy heel spur: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot, Surgery for Plantar Fasciitis

Decision rationale: California MTUS/American College of Occupational and Environmental Medicine (ACOEM) is silent on the issue of surgery for plantar fasciitis. Per the Official Disability Guidelines (ODG) Ankle and Foot, surgery for plantar fasciitis, plantar fascia release is reserved for a small subset of patients who have failed at least 6-12 months of conservative therapy. In this case there is insufficient evidence in the cited records from to support plantar fascia release. Therefore the request is not medically necessary and appropriate.