

Case Number:	CM14-0195768		
Date Assigned:	12/03/2014	Date of Injury:	12/16/2013
Decision Date:	01/23/2015	UR Denial Date:	10/22/2014
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 General Surgeon, has a subspecialty in Hand Surgery and is licensed to practice in Texas. 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 39-year-old male with a 12/16/13 date of injury. The mechanism of injury has not been documented. Diagnoses were bilateral equinus contracture, myalgia and myositis left, and plantar fascial fibromatosis. 11/03/14 Progress report documented that the patient complained of continued left foot pain. The pain was now going up the side in the front of his left leg. The patient had failed conservative treatment including injections, physical therapy, immobilization, low-dye strapping, anti-inflammatories, and decreased activity. The progress report was incomplete. 10/14/14 Progress report documented that the patient complained of tingling of the toes and bottom of the left foot. It felt tight in the leg and foot. Clinically, there was significant equinus in bilateral ankles. There was tenderness to palpation of the left plantar heel. There was early heel off gait bilaterally. The pain in the left heel was increased. Plantar fasciitis was better but still with increased pain. Recommendations included open tendon Achilles lengthening and a plantar fascial release. The progress note was handwritten and was somewhat illegible. Treatment to date has included medications, activity modification, physical therapy, heel injection, immobilization, low-dye strapping, and different types of shoes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Open Tendon Achilles Lengthening (TAL) of the left foot: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot Surgery

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot, Adult acquired flatfoot (pes planus)

Decision rationale: Medical necessity has not been established for Open Tendon Achilles Lengthening (TAL) of the left foot. The patient has had left foot pain with numbness and tingling at the bottom of the left foot. He has significant equinus in both ankles; however, there are no imaging studies to show the degree of the equinus. There has been no documentation of the use of foot orthotics or bracing. In addition, there is no rationale provided why an open procedure is being requested instead of the percutaneous procedure which has fewer complications. This request is not medically necessary.

Associated Surgical Service- Plantar Fascia release, left foot: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 1039-1041. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot, Surgery for plantar fasciitis

Decision rationale: Medical necessity has not been established for Associated Surgical Service-Plantar Fascia release, left foot. The patient has had left foot pain with numbness and tingling at the bottom of the left foot. There has been no documentation of the typical pain of plantar fasciitis that is pain on first steps after prolonged immobilization like after getting out of bed or after prolonged sitting/standing. There is no documentation of imaging to confirm recalcitrant plantar fasciitis or to rule out other heel pathology. There has been no discussion of the use of arch supports, night splints or orthotics. In addition, ODG does not recommend surgery for the treatment of plantar fasciitis unless in a small subset of patients with persistent, severe symptoms refractory to nonsurgical intervention for at least 6 to 12 months. The duration of physical therapy and other conservative care has not been documented. The request is not supported by the guidelines and the clinical evidence. . This request is not medically necessary.