

Case Number:	CM14-0206909		
Date Assigned:	12/18/2014	Date of Injury:	11/12/2012
Decision Date:	05/01/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/10/2014

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. 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: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 40-year-old female who has submitted a claim for left ankle / Achilles sprain / strain with plantar fasciitis and talus fracture associated with an industrial injury date of 11/12/2012. Medical records from 2014 were reviewed. The patient sustained a contusion of the left calcaneus and Achilles tendon. She complained of persistent left foot pain with severe limp causing low back pain and right foot pain. She had 50 lbs weight gain causing sleep apnea and high blood pressure. This had resulted to difficulty in performing self-care activities. Physical examination showed positive Minor's sign, strong limping gait, moderate swelling at left foot and ankle, decreased range of motion of the left ankle, and hypesthesia of left L4-S1 dermatomes. The electrodiagnostic study from 11/22/2013 demonstrated mild left S1 radiculopathy without evidence for a focal neuropathy at the tarsal tunnel. The MRI of the left ankle from 7/11/2014 showed small osseous fragment at the posterior talus felt to represent an os trigonum. There were no osseous edema and acute fractures. There was normal appearance of the Achilles tendon without significant tendinosis or tearing. Treatment to date has included physical therapy, medications and orthotics. She declined to undergo cortisone injection hence the current treatment plan includes surgery. The utilization review from 11/12/2014 denied the requests for left foot posterior tibial nerve release, medial plantar nerve release, lateral plantar nerve release, os trigonum resection, operative x ray and nerve block, post-op strapping, ankle x-ray, Cam Boot and knee scooter 1 month rental because of absent clear clinical and electrodiagnostic evidence of a condition that may improve both in the short and long-term from surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

left foot posterior tibial nerve release, medial plantar nerve release, lateral plantar nerve release, os trigonum resection, operative x ray and nerve block: Upheld

Claims Administrator 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).

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 Section, Surgery for Plantar Fasciitis.

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG) was used instead. Surgical intervention may be considered in severe cases of plantar fasciitis when other treatment fails. In general, heel pain resolves with conservative treatment. In recalcitrant cases, however, entrapment of the first branch 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. Nonsurgical management of plantar fasciitis is successful in approximately 90% of patients. Surgical treatment is considered in only a small subset of patients with persistent, severe symptoms refractory to nonsurgical intervention for at least 6 to 12 months. In this case, the patient sustained a contusion of the left calcaneus left and Achilles tendon. She complained of persistent left foot pain with severe limp causing low back pain and right foot pain. She had 50 lb weight gain contributing to sleep apnea and high blood pressure. This had resulted to difficulty in performing self-care activities. Physical examination showed positive Minor's sign, strong limping gait, moderate swelling at left foot and ankle, decreased range of motion of the left ankle, and hypesthesia of left L4-S1 dermatomes. Symptoms persisted despite physical therapy, medications and orthotics. She declined to undergo cortisone injection hence the current treatment plan includes surgery. The electrodiagnostic study from 11/22/2013 demonstrated mild left S1 radiculopathy without evidence for a focal neuropathy at the tarsal tunnel. The MRI of the left ankle from 7/11/2014 showed small osseous fragment at the posterior talus felt to represent an os trigonum. There was no osseous edema or acute fractures. There was normal appearance of the Achilles tendon without significant tendinosis or tearing. However, the imaging reports failed to provide evidence of peripheral nerve impingement that may require surgery. The guideline criteria are not met. Therefore, the request for left foot posterior tibial nerve release, medial plantar nerve release, lateral plantar nerve release, os trigonum resection, operative x ray and nerve block is not medically necessary.

Post operative strapping: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Section, Durable medical equipment (DME).

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG), Knee Section was used instead. It states that durable medical equipment (DME) is defined as a device that can withstand repeated use, is primarily and customarily used to serve a medical purpose, generally is not useful to a person in the absence of illness or injury, and is appropriate for use in a patient's home. DME includes bathroom and toilet supplies, assistive devices, TENS unit, home exercise kits, cryotherapy, orthoses, cold/heat packs, etc. In this case, a simultaneous request for left foot posterior tibial nerve release, medial plantar nerve release, lateral plantar nerve release, os trigonum resection, operative x-ray and nerve block has been deemed not medically necessary. Hence, all of the associated services such as the request for post-operative strapping are likewise not medically necessary.

Ankle x-ray: 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 chapter, Radiography.

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. According to ODG, indications for ankle radiographs include suspected ankle injury with inability to bear weight immediately after the injury and point tenderness over the medial malleolus, or the posterior edge of the inferior tip of the lateral malleolus or talus or calcaneus; as an initial study in chronic ankle pain with suspected osteochondral injury, tendinopathy, ankle instability, or uncertain etiology; and chronic foot pain with suspected Reiter's disease, tarsal tunnel syndrome, Freiberg's disease, Morton's neuroma, or plantar fasciitis. In this case, a simultaneous request for left foot posterior tibial nerve release, medial plantar nerve release, lateral plantar nerve release, os trigonum resection, operative x-ray and nerve block has been deemed not medically necessary. Hence, all of the associated services such as the request for operative ankle x-ray is likewise not medically necessary.

Cam boot: 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).

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 chapter, Cam walker; Cast (immobilization).

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. According to ODG, a cam walker is a removable cast. Casting is not recommended in the absence of a clearly unstable joint or severe ankle sprain. In young patients with low-risk fractures, treatment with a removable ankle brace leads to greater activity level and a faster return to baseline activity level. In this case, a simultaneous request for left foot posterior tibial nerve release, medial plantar nerve release, lateral plantar nerve release, os trigonum resection, operative x-ray and nerve block has been deemed not medically necessary. Hence, all of the associated services such as the request for Cam boot is likewise not medically necessary.

knee scooter 1 month rental: 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).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Power mobility devices (PMDs) Page(s): 99.

Decision rationale: Page 99 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that power mobility devices (PMDs) are not recommended if the functional mobility deficit can be sufficiently resolved by the prescription of a cane or walker; or the patient has sufficient upper extremity function to propel a manual wheelchair; or there is a caregiver who is available, willing, and able to provide assistance with a manual wheelchair. If there is any mobility with canes or other assistive devices, a motorized scooter is not essential to care. In this case, a simultaneous request for left foot posterior tibial nerve release, medial plantar nerve release, lateral plantar nerve release, os trigonum resection, operative x-ray and nerve block has been deemed not medically necessary. Hence, all of the associated services such as the request for knee scooter 1 month rental is likewise not medically necessary.