MAXIMUS Federal Services

Case Number:	CM14-0207362		
Date Assigned:	12/19/2014	Date of Injury:	02/14/2013
Decision Date:	02/09/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/11/2014

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 Podiatrist 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 information this patient was seen by his podiatrist on 8/18/2014 for evaluation of bilateral heel pain. It is noted that patient is a police officer who injured both heels while landing on his feet after jumping over a wall. This progress note states that the patient has been treated conservatively for his plantar fasciitis including three local steroid injections to the plantar fascia left side, a night splint, Voltaren gel, Mobic, anti-inflammatory medication, and physical therapy. Patient's pain the day is noted at 5/10. Physical exam reveals pain upon palpation to the origin of the plantar fascia bilaterally. Because patient has felt conservative treatment, his podiatrist would like him to undergo plantar fascia release. MRI demonstrates moderate plantar fasciitis left side, no plantar fascia findings right side.On 10/21/2014 patient presents for follow-up evaluation of bilateral heel pain. Patient states that the pain is noted that 10/10.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral plantar fascia release: 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) Treatment in Workers Compensation (TWC)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374.

Decision rationale: After careful review of the enclosed information and the pertinent MTUS guidelines for this case, it is my feeling that the decision for bilateral plantar fascia release is not medically reasonable or necessary for this patient at this time.If permissible, I would like to make a partial determination. The question above asks if bilateral plantar fascia release is medically reasonable, and it is not. However, after review of the enclosed information, a left side plantar fascia release is medically reasonable and necessary according to the MTUS guidelines. The guidelines state specifically that:Referral for surgical consultation may be indicated for patients who have:- Activity limitation for more than one month without signs of functionalimprovement- Failure of exercise programs to increase range of motion and strengthof the musculature around the ankle and foot- Clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair.The MRI performed on the patient's left side does reveal that the patient is suffering with plantar fasciitis. The patient has failed numerous conservative treatments to the left side plantar fascia area. Because of the failure of conservative treatments, and the positive findings of the MRI left side, a left sided plantar fascia release is medically reasonable and necessary.The enclosed progress notes do not advise of any conservative treatments to the right side, nor does the MRI to the right foot reveal plantar fasciitis signs. For this reason a right-sided plantar fascia release is not medically reasonable or necessary at this time.

Pneumatic walker purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) treatment in Workers Compensation (TWC)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371.

Decision rationale: After careful review of the enclosed information and the pertinent guidelines for this case, it is my feeling that the decision for a pneumatic Walker purchase is not medically reasonable or necessary for this patient according to the guidelines. This patient has a diagnosis of left sided plantar fasciitis. The treatment for plantar fasciitis is stated as orthotic therapy, local steroid injections, and possible plantar fascial release. There is no mention of a pneumatic walker for treatment. Also, the guidelines are quiet on pneumatic walking boots for use postoperatively.

Bilateral shower bags purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Blue Cross of California Medical Policy Durable Medical Equipment

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: Blue Cross of California medical policy durable medical equipment.

Decision rationale: After careful review of the enclosed information and the pertinent guidelines for this case, it is my feeling that the decision for bilateral shower bag purchase is not medically reasonable or necessary for this patient at this time.MTUS guidelines are quiet with regards to shower bag purchases. The Blue Cross of California medical policy on durable medical equipment states that durable medical equipment is not medically necessary when the equipment includes an additional feature or accessory, or is a nonstandard or deluxe item that is primarily for the comfort and convenience of the member. A shower bag used to protect the surgical site after surgery, especially a small surgery like a plantar fascial release, is nonstandard and certainly may be considered for the comfort and convenience of the member.