

<b>Case Number:</b>	CM15-0133154		
<b>Date Assigned:</b>	08/06/2015	<b>Date of Injury:</b>	11/18/2014
<b>Decision Date:</b>	09/15/2015	<b>UR Denial Date:</b>	06/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2015

### 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: Montana, Oregon, Idaho  
 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:

The injured worker is a 36-year-old male who sustained an industrial injury on 11-18-14. He had complaints of right foot and ankle pain. He was diagnosed with ligament damage. He was placed on modified duties and given an air boot. Diagnostic studies: x-ray, nerve conduction studies and MRI. Treatments include: medication, home exercise program, physical therapy, chiropractic and TENS unit. Progress report dated 5-6-15 reports continued complaints of right foot and ankle pain. The pain is constant and described as deep throbbing, aching, burning, tingling with pins and needles. The pain is rated 3 out of 10 on average and 7 out of 10 as the worst. The pain increases with continued walking and standing. He has right foot and ankle weakness, numbness and tingling. He reports sometimes feeling a sharp pain that radiates up and down his right leg that leaves him weak and out of balance. Diagnoses include: right enthesopathy of ankle and tarsus, right ankle instability and derangement, right plantar fasciitis, right tenosynovitis, right ankle sprain-stain, joint pain and limb pain. Plan of care includes: right and left foot and ankle radiographs taken today, continue physical therapy, custom molded orthotics, recommend surgical release first branch of lateral plantar nerve and fasciotomy, repair secondary of ankle ligament, physical therapy while awaiting surgery 1 time per week for 8 weeks, post operative physical therapy 9 visits over 8 weeks and needs medically necessary transportation for surgical procedure. Work status deferred to primary treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Surgical release of first branch of lateral plantar nerve, fasciotomy, and repair secondary of ankle ligament, right ankle: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle and Foot.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ankle.

**Decision rationale:** CA MTUS/ACOEM guidelines are silent on the issue of lateral ankle ligament reconstruction. According to the ODG, Ankle section, lateral ligament ankle reconstruction, criteria includes conservative care, subjective findings of ankle instability and objective findings. In addition, there must be evidence of positive stress radiographs demonstrating at least 15 degrees of lateral opening at the ankle joint performed by a physician or demonstrable subtalar movement. There must also be minimal arthritic joint changes on radiographs. CA MTUS/ACOEM is silent on the issue of surgery for plantar fasciitis. Per the 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 of the exam note from 5/6/15 of significant pathology to warrant surgery. There is lack of documentation of failure of physical therapy or exercise program for the patient's complaints. There are no objective physical findings or imaging finding. Therefore, the guideline criteria have not been met and determination is for non-certification. In addition, there is insufficient evidence in the cited records from 5/6/15 of failed conservative management to support plantar fascia release. Therefore, according to the guidelines, the requested surgical procedure is not medically necessary.

**Post-op physical therapy, 9 visits over 8 weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 13.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 12-14.

**Decision rationale:** According to CA MTUS Ankle and Foot Postsurgical Treatment Guidelines, pages 12-14, frequency and duration for ankle and foot surgeries are recommended as follows: Enthesopathy of ankle and tarsus (ICD9 726.7): Postsurgical treatment: 9 visits over 8 weeks. Postsurgical physical medicine treatment period: 4 months However, the requested surgical procedure is not medically necessary. Therefore, none of the associated services are medically necessary and appropriate.

**Associated surgical service: Radiographs for the right and left ankle and 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, Ankle and Foot.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 377. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ankle.

**Decision rationale:** According to CA MTUS Foot and Ankle Complaints chapter, page 377, plain film radiographs are recommended only for patients with acute ankle injuries who have signs identified in the Ottawa Ankle Criteria ankle rules. Routine plain-film radiographs for ankle injuries and soft tissue diagnoses are not recommended. According to ODG, ankle section, if a fracture is considered, patients should have radiographs if the Ottawa ankle criteria are met. Radiographic evaluation may also be appropriate if there is rapid onset of swelling and bruising, if the patient is older than 55 years, or in the case of obvious dislocation. Plain films are routinely obtained to exclude arthritis, infection, fracture, or neoplasm. X-rays are not helpful in diagnosing plantar fasciitis, because they do not show ligaments clearly, and they are not routinely recommended except when fractures are suspected and then a lateral non-weight bearing X-ray should be the first choice investigation. In this case, the injured workers diagnoses include right enthesopathy of ankle and tarsus, right ankle instability and derangement, right plantar fasciitis, right tenosynovitis, right ankle sprain-stain, joint pain and limb pain. These are predominantly soft tissue diagnoses. The injury occurred on 11/18/14 and an MRI and X-rays have already been performed. There is no provided documentation of a new injury in the interim. Therefore, based on the guideline the request for foot and ankle x-rays is not medically necessary.

**Associated surgical service: Transportation for surgical procedure:** 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 and leg.

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of transportation. According to the ODG, Knee and Leg Chapter, Transportation is recommended for patients with disabilities preventing them from self-transport. In this case, the exam note from 5/6/15 does not demonstrate evidence of functional impairment precluding self-transportation. Therefore, the request for transportation to the surgical procedure is not medically necessary.