MAXIMUS Federal Services

Case Number:	CM15-0181120		
Date Assigned:	09/22/2015	Date of Injury:	05/23/2005
Decision Date:	11/13/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/14/2015

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: Minnesota, Florida
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 43 year old female, who sustained an industrial injury on 5-23-2005. The injured worker is being treated for painful internal fixation right ankle, rule out ligament injury right ankle, status post repair of the lateral ligaments right ankle, plantar fasciitis right foot, painful gait and neuritis of lesser saphenous nerve status post stabilization of the right ankle. Treatment to date has included medications including NSAIDs and orthotics-splinting. Per the Primary Treating Physician's Progress Report dated 6-04-2015, the injured worker (IW) reported pain, she limps with great pain. Objective findings included ambulating with full weight bearing status. She does demonstrate continuation of difficulty with ambulation. She has significant pain in the lateral aspect of the right ankle joint along the Fiber Wire and pain with neuritis. She has symptoms of radiating pain with positive Tinel's sign along the lesser saphenous nerve radiating down into the lateral aspect of the foot. Per the medical records dated 3-31-2015 to 8-04-2015 the IW reports significant symptoms regarding the right ankle. Prior treatment is documented as orthotics, Motrin and a plan for surgical intervention. Work status was not provided on this date. The plan of care included surgical intervention and authorization was requested for removal of hardware and fiber wire. On a subsequent visit, plantar fasiitis was documented and a plantar fascia release was requested along with pneumatic compressor 30-day rental and knee walker rental for 30 days. On 9-03-2015, Utilization Review non-certified the request for Plantar Fascia release right ankle, pneumatic compressor 30-day rental and knee walker rental for 30 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

Plantar fascia release right ankle: 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 ODG: Section: ankle and foot, Topic: Surgery for plantar fasciitis.

Decision rationale: The injured worker is a 43-year-old female with a date of injury of 5/23/2005. Per office visit of June 4, 2015, she had undergone internal fixation of the right ankle and was complaining of pain on the lateral aspect in the area of a fiber wire utilized during surgery. The provider requested removal of hardware and decompression of the lesser saphenous nerve. An additional diagnosis of plantar fasciitis was made but the documentation does not indicate physical findings of the same. A subsequent examination of 8/4/15 is reported to show most of the pain in the plantar fascia of the right foot. There was pain on palpation of the plantar fascia over the medial and central band with symptoms that increased with activation of the windlass mechanism. The plan was for surgery consisting of a plantar fascia release. ODG guidelines do not recommend surgery for plantar fasciitis except in severe cases 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. Surgery is considered only in a small subset of patients with persistent severe symptoms refractory to nonsurgical intervention for at least 6-12 months. Plantar fasciotomy in particular total plantar fasciotomy may lead to loss of stability of the medial longitudinal arch and abnormalities in gait, in particular an excessively pronated foot. Therefore plantar fasciotomy is not recommended. In this case, the documentation does not indicate conservative treatment for 6-12 months. The requested surgical procedure is a plantar fascial release and not the recommended surgical release of the first branch of the lateral plantar nerve. In light of the foregoing, the request for plantar fascia release is not supported by evidence-based guidelines and the medical necessity of the request has not been substantiated, therefore is not medically necessary.

Pneumatic compressor rental 30 days: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary surgical procedure is not medically necessary, none of the associated surgical requests are applicable.

Knee walker rental for 60 days: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary surgical procedure is not medically necessary, none of the associated surgical requests are applicable.