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| Case Number: | CM15-0184275 | | |
| Date Assigned: | 10/20/2015 | Date of Injury: | 02/11/2014 |
| Decision Date: | 12/01/2015 | UR Denial Date: | 08/19/2015 |
| Priority: | Standard | Application Received: | 09/18/2015 |

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: Illinois, California, Texas
 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:

This injured worker is a 37-year-old male who sustained an industrial injury on 2/11/14. Injuries were reported relative to repetitive work activities as a patrol officer. Conservative treatment had included orthotics, physical therapy, home exercise, medications, injection, and activity modification. The 8/10/15 treating physician report cited bilateral heel pain. He had been diagnosed with plantar fasciitis. Conservative treatment had included physical therapy, orthotics, oral steroids, and corticosteroid injection without help. He was unable to wear shoes without pain. Foot and ankle exam documented normal dermatologic, vascular, and neurologic findings. There was pain on palpation to the medial tubercle of the bilateral calcaneus and along the medial band of the plantar fascia. There was reduced ankle dorsiflexion with the knee extended, than improved with knee flexion. Tightness of the Achilles was noted. There was good muscle strength to all four quadrants of the lower extremity. On weight bearing, there was reduction in the medial longitudinal arch height with abduction of the forefoot. The diagnosis was plantar fasciitis, equinus deformity, and pain in limb. The injured worker had failed multiple conservative treatments, including physical therapy, orthotics, and steroid injection. He had chronic plantar fasciitis. The treatment plan recommended Topaz surgery bilaterally to turn the chronic issue acute again to stimulate the body to heal the area. The treatment plan also recommended a new pair of orthotics as his old pairs do not help. An orthotic with a better arch profile and a deeper heel cup would benefit him greatly. Authorization was requested for bilateral Topaz surgery. The 8/19/15 utilization review non-certified the request for bilateral Topaz surgery as surgery in general is not recommended for the treatment of plantar fasciitis until conservative treatment has been exhausted (which was not documented), and the Topaz procedure in particular is not recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Topaz surgery bilateral: Upheld

Claims Administrator guideline: Decision based on MTUS Ankle and Foot Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle & Foot (Acute & Chronic), Surgery for plantar fasciitis.

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: Topaz radiofrequency treatment; Coblation therapy.

Decision rationale: The California MTUS guidelines do not provide recommendations for the Topaz procedure. The Official Disability Guidelines state that Topaz radiofrequency treatment (Coblation therapy) is under study. Coblation-based wands such as the Topaz Microdebrider are used for debridement, decompression, and removal of soft tissue during minimally invasive arthroscopic procedures involving tendons in the ankle and foot. Currently, there are no randomized controlled trials in the medical literature demonstrating the efficacy of Coblation technology and related devices for treatment of joint or musculoskeletal soft tissue conditions. Further prospective, randomized studies with large sample sizes reporting long-term outcomes are needed to demonstrate the safety and efficacy of this approach compared to established methods of management of musculoskeletal conditions. Topaz coblation or Topaz radiofrequency is often used by podiatrists as a treatment for recalcitrant tendon problems of the foot such as the Achilles or peroneal tendinosis or for plantar fasciitis. This injured worker presents with a diagnosis of plantar fasciitis with persistent bilateral heel pain. Clinical exam findings are consistent with plantar fasciitis. There is evidence of a long-term reasonable and/or comprehensive non-operative treatment protocol trial and failure. However, there are current recommendations noted for new orthotics with a better arch profile and deeper heel cup. There is a lack of large volume, long-term peer-reviewed outcome studies to support the safety and efficacy of this procedure for plantar fasciitis. There is no compelling rationale submitted to support the medical necessity of this procedure as an exception to guidelines. Therefore, this request is not medically necessary.