

Case Number:	CM15-0198887		
Date Assigned:	10/14/2015	Date of Injury:	02/07/2014
Decision Date:	12/30/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/09/2015

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: California, Indiana, Oregon
 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 is a 38 year old female with a date of injury of February 7, 2014. A review of the medical records indicates that the injured worker is undergoing treatment for chronic recalcitrant plantar fasciitis of the right foot. Medical records dated August 17, 2015 indicate that the injured worker complained of pain in the medial arch of the foot and behind the medial malleolus. Per the treating physician (September 11, 2015), the employee was not working. The physical exam dated August 17, 2015 reveals normal temperature of the right foot, no edema of the right foot, satisfactory gait, tenderness of the medial arch and posteromedial malleolus region, and intact sensation. The progress note dated September 11, 2015 documented a physical examination that showed pain at the fascia and origin at the calcaneus. Treatment has included six sessions of physical therapy, cortisone injection "Which helped some", medications (Naproxen and Tizanidine noted in June of 2015), and magnetic resonance imaging of the right foot (April 15, 2015) that showed a high-grade partial tear of the medial cord plantar aponeurosis extending to the lateral cord with thickening and increased signal associated with plantar calcaneal spurring and mild subjacent bone marrow edema, bipartite medial sesamoid with minimal edema, mild joint effusion with synovitis in the first metatarsophalangeal joint, minimal tenosynovitis of the flexor hallucis longus, mild intermetatarsal fluid in the first, second, and third interspaces, and mild joint effusion of the tibiotalar and posterior subtalar joints. The original utilization review (September 30, 2015) non-certified a request for a right foot plantar fasciotomy and associated services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Foot Plantar Fasciotomy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Ankle & Foot, 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) foot.

Decision rationale: 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 the records do not chronicle 6 months of non-surgical treatments. Therefore the request is not medically necessary.

Pre-Operative Clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Perioperative Protocol, Health Case Protocol. Bloomington (MN): Institute for Clinical Systems Improvement (ICIS); 2014 Mat. 124p www.guideline.gov/content.aspx?id=48408.

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

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Post-Operative Physical Therapy for the Right Foot (12-sessions, 3 times a week for 4-weeks): Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Ankle & Foot.

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

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Associated Surgical Service: Dynasplint (purchase): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Ankle & Foot, Tension Night Splints (TNS), Night Splints.

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

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Associated Surgical Service: Cold Therapy Unit (7-day rental): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Ankle & Foot, Continuous-flow Cryotherapy.

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

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.