

Case Number:	CM15-0024010		
Date Assigned:	02/13/2015	Date of Injury:	12/19/2013
Decision Date:	03/26/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/09/2015

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: New York
 Certification(s)/Specialty: Podiatrist

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 62-year-old male reported a work-related injury on 12/19/2013. According to the PR2 from the treating provider dated 12/3/14, the injured worker reports he is "happy with the left foot surgery"; there is no mention of issues concerning the right foot. The diagnoses were not listed. Previous treatments include medications, left foot surgery and physical therapy. The treating provider requests right foot release of tarsal; tendoachilles lengthening and plantar fasciotomy. The Utilization Review on 2/4/2015 non-certified the request for right foot release of tarsal; tendoachilles lengthening and plantar fasciotomy, citing ODG-TWC recommendations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right foot release of tarsal: 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), TWC, Integrated Treatment Disability Duration Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation procedure summary, ankle and foot, surgery for tarsal tunnel syndrome, pg 45.

Decision rationale: In the December 3, 2014 progress note, this patient's podiatrist advises that the left foot is improving nicely and he would like to move forward with the right foot surgery. It is also well documented that there are an electro diagnostic studies that demonstrate bilateral tarsal tunnel syndrome. Patient also has a diagnosis of plantar fasciitis. What is missing, however, is documentation of conservative treatments for these ailments. In fact, there is not well-documented right foot exam enclosed. The ODG guidelines for tarsal tunnel release advise that this surgery is recommended after conservative treatments for at least one month. Patients with clinical findings and positive electro diagnostic studies of tarsal tunnel syndrome warrant surgery when significant symptoms do not respond to conservative management. There is no documented conservative management for this patient in this chart.

Tendoachilles lengthening: 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), TWC, Integrated Treatment Disability Duration Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Procedure summary, ankle and foot, surgery for achilles tendon rupture. pg 41.

Decision rationale: In the December 3, 2014 progress note, this patient's podiatrist advises that the left foot is improving nicely and he would like to move forward with the right foot surgery. It is also well documented that there are an electro diagnostic studies that demonstrate bilateral tarsal tunnel syndrome. Patient also has a diagnosis of plantar fasciitis. What is missing, however, is documentation of conservative treatments for these ailments. In fact, there is not well-documented right foot exam enclosed, not a diagnosis of achilles tendon pathology. The MTUS guidelines advise that surgery is warranted for Achilles tendon ruptures only sometimes. Six months nonsurgical therapy is appropriate for middle age patients or for athletes with chronic Achilles tenosynovitis. Those that fail this treatment will improve with a limited debridement of diseased tissue. There is no medical information from the progress notes that advises that this patient has undergone nonsurgical/conservative treatment for their Achilles tendon. For this reason, they do not meet surgical criteria.

Plantar fasciotomy: 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), TWC, Integrated Treatment Disability Duration Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Procedure summary, ankle and foot, surgery for plantar fasciitis, pg 44

Decision rationale: There is poor documentation advising that this patient suffers with painful right-sided plantar fasciitis. There is also poor if any documentation that this patient has attempted conservative treatment plans for his plantar fasciitis right side. The MTUS guidelines states that surgery for plantar fasciitis is not recommended except in specific cases. Generally, surgical intervention is considered in severe cases when other treatments fail. In this particular case, there is no documentation that other treatments have failed therefore surgery for plantar fasciitis cannot be recommended.