MAXIMUS Federal Services

Case Number:	CM15-0033660		
Date Assigned:	02/27/2015	Date of Injury:	05/19/2014
Decision Date:	04/17/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/23/2015

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:

According to the enclosed notes this patient presented to his podiatrist on 2/16/2015. Patient's complaints included neuritis and plantar fasciitis left side. Among numerous diagnoses, patient is noted to be suffering with neuritis, plantar fasciitis, metatarsalgia, hammertoe, talipes equinus, etc. Prior treatments have included OTC insoles, stretching, and Motrin. These have helped a bit. Physical exam reveals pain around the rim of the left heel as well as reduce dorsiflexion of the left second digit. A thin forefoot fat pad is also noted. During this visit patient was advised to continue stretching, night splint, icing, and anti-inflammatories. It is also noted that this patient was recommended to undergo plantar fascia release, heel spur resection, and osteotomy to the second metatarsal and second digit left side. These procedures were denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left heel spur excision: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370-371.

Decision rationale: After careful review of the enclosed information and the pertinent MTUS guidelines for this case, it is my feeling that the request for left heel spur excision is not medically reasonable or necessary for this patient at this time. The MTUS guidelines state that plantar fasciitis may be treated with rigid orthotics, arch supports, stretching, local steroid injections to the symptomatic heel, soft supportive shoes, and or a heel donut. An endoscopic plantar fasciotomy is warranted when conservative treatments fail to alleviate patient's pain. This is noted in the ODG guidelines as well. A heel spur excision is not recommended for the treatment of plantar fasciitis. Both recent and past research has demonstrated that an endoscopic plantar fasciotomy is extremely successful in treating plantar fasciitis and a heel spur excision is not medically reasonable or necessary.

Left 2nd metatarsal head osteotomy: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371.

Decision rationale: After careful review of the enclosed information and the pertinent MTUS guidelines for this case, it is my feeling that the request for a second metatarsal head osteotomy is not medically reasonable or necessary for this patient at this time. This osteotomy is being recommended for treatment of patients metatarsalgia. The MTUS guidelines state that metatarsalgia should be treated with a rigid custom orthotics. There is no documentation that this patient has been treated with rigid custom orthotics that demonstrated metatarsal raise pads.

Left Second Toe Osteotomy: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374-375.

Decision rationale: After careful review of the enclosed information and the pertinent MTUS guidelines for this case, it is my feeling that the request for a second osteotomy is not medically reasonable or necessary for this patient at this time. MTUS guidelines state that a referral for surgical consultation may be indicated for patients who have: Activity limitation for more than one month without signs of functional improvement. Failure of exercise programs to increase range of motion and strength of the musculature around the ankle and foot. Clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. Earlier, emergency consultation is reserved for patients who may require drainage of acute effusions or hematomas. Referral for early repair of ligament tears is

controversial and not common practice. Repairs are generally reserved for chronic instability. Most patients have satisfactory results with physical rehabilitation and thus avoid the risks of surgery. If there is no clear indication for surgery, referring the patient to a physical medicine practitioner may help resolve the symptoms. The progress notes do not advise that this patient has failed physical therapy or an exercise program geared towards strengthening and straightening the second toe, or to increase its range of motion. For this reason it is not medically reasonable or necessary for patient to have surgery at this time.