

Case Number:	CM15-0052311		
Date Assigned:	03/25/2015	Date of Injury:	09/23/2009
Decision Date:	05/01/2015	UR Denial Date:	02/21/2015
Priority:	Standard	Application Received:	03/19/2015

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 50 year old female sustained an industrial injury on 8/23/13. She subsequently reported multiple areas of bodily injury. Diagnoses include left plantar fasciitis. Diagnostic testing has included x-rays and MRIs. Treatments to date have included orthotics, injections, physical therapy and prescription pain medications. The injured worker currently experiences worsening left foot pain. A request for a bunionectomy, hammertoe repair and plantar fascial release and associated surgical service: 1 trigger point injection of the left heel was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: 1 trigger point injection of the left heel: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot (Acute & Chronic), Heel Pain (plantar fasciitis).

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 trigger point injection to the plantar fascial origin is medically reasonable and necessary. The guidelines state that: Invasive techniques (e.g., needle acupuncture and injection procedures) have no proven value, with the exception of corticosteroid injection into the affected web space in patients with Morton's neuroma or into the affected area in patients with plantar fasciitis or heel spur if four to six weeks of conservative therapy is ineffective. This patient meets the above-mentioned guidelines.

1 bunionectomy, hammertoe repair and plantar fascial release: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374-375, 377. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 368, 370. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) surgery for hammertoe, surgery for plantar fasciitis, pg 43-44.

Decision rationale: After careful review of the enclosed information it appears that this patient suffers with a painful bunion deformity, painful hammertoe second digit, and painful plantar fasciitis. A bunionectomy, hammertoe repair, and plantar fascial release is recommended for treatment. After careful review of the MTUS guidelines for bunionectomy, it appears that the progress notes do not support the need for patient's bunionectomy. Prior to surgical treatments patient should attempt wider shoes, soft shoes, and also have a bunion deformity that demonstrates a greater than 14 angle on x-ray. There is no documentation to demonstrate that this patient has tried conservative treatments or that his injured metatarsal angle is greater than 14. After careful review of the enclosed information and the pertinent capital MTUS guidelines for this case, it is my feeling that the surgery for hammertoe syndrome for this patient is recommended according to the ODG guidelines, page 43. Amongst numerous criteria, pain upon palpation to the painful toe is necessary as is dermatologic changes. Both of these are noted in the progress notes. After careful review of the enclosed information and the pertinent capital MTUS guidelines for this case, it is my feeling that the surgery for hammertoe syndrome for this patient is recommended according to the OBG guidelines, page 43. Amongst numerous criteria, pain upon palpation to the painful toe is necessary as is dermatologic changes. Both of these are noted in the progress note. Finally, ODG guidelines do not recommend surgery for plantar fasciitis. The guidelines state that conservative care can alleviate painful plantar fasciitis in 90% of the patients. Surgery may only be considered in a small subset of patients with severe persistent refractory plantar fasciitis for at least 6 to 12 months. There is no documentation to show that this particular patient falls into that category. In summation the guidelines state that a bunionectomy for this patient is not recommended however the hammertoe repair is recommended, and the endoscopic plantar fasciotomy is not recommended.