

<b>Case Number:</b>	CM15-0052794		
<b>Date Assigned:</b>	05/13/2015	<b>Date of Injury:</b>	11/01/2013
<b>Decision Date:</b>	07/01/2015	<b>UR Denial Date:</b>	02/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/16/2015

### 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:

The injured worker is 42-year-old male who sustained an industrial injury on 11/1/13. Injury was reported relative to cumulative trauma relative to his employment as a security officer. Records indicated that foot x-rays taken 12/26/13 were negative for pathology. The 2/17/14 initial podiatric evaluation report cited complaints of constant grade 7/10 bilateral foot and ankle pain. He had undergone physical therapy. Physical exam documented pain with deep palpation of the plantar aspect of both feet consistent with the medial calcaneal tubercle. The plantar fascia was visibly taut. He had pain with range of motion and palpation of the bilateral posterior tibial tendons. There was inflammation and swelling in the area. MRI demonstrated bilateral posterior tenosynovitis, and right ankle calcaneal spurring. The diagnosis included bilateral plantar fasciitis, bilateral foot/ankle tenosynovitis, bilateral tibialis tendonitis, bilateral ankle and foot sprain, and ankle joint pain. The treatment plan recommended orthotics and surgery. The 7/7/14 orthopedic qualified medical examiner report indicated the injured worker described cumulative trauma relative to standing and working long hours with pain in his neck, both shoulders, right hand, left knee and both feet. He was receiving regular chiropractic therapy. Medications included Promolaxin, Omeprazole, Naprosyn, and a pain gel. He described a cyst in the left foot. Physical exam documented normal heel and toe walk. He was using a left knee and ankle support. There as a small cyst over the dorsum of the left foot. Foot and ankle range of motion was normal. There was no detailed foot or ankle exam. The diagnosis included past injury left foot without limitation of motion. The injured worker had reached maximum medical improvement relative to his ankle and foot. No surgery was indicated based on current findings.

Authorization was requested for a retrospective surgical release of the first branch of the lateral planter nerve on the left, date of service 7/9/14, retrospective tenolysis of the posterior tibialis tendon on the left, date of service 7/9/14, retrospective custom molded orthotics on the left, date of service 7/9/14 and retrospective post-operative physical therapy times nine visits for the left foot, date of service 7/9/14. The 2/17/15 utilization review non-certified the retrospective request for surgical release of the first branch of the lateral planter nerve and tenolysis of the posterior tibialis tendon on the left, date of service 7/9/14, custom molded orthotics on the left, and post-operative physical therapy times nine visits for the left foot. The rationale indicated that there was no record of conservative treatment trial and failure and no imaging evidence to support the medical necessity of surgery.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Retrospective request for Surgical release, first branch of lateral plantar nerve for the left foot, (DOS: 07/09/2014): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 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: Surgery for plantar fasciitis.

**Decision rationale:** The California MTUS does not provide recommendations for plantar fasciitis surgery. The Official Disability Guidelines recommend non-surgical management of plantar fasciitis. Surgical treatment, including surgical release of the first branch lateral plantar nerve, may be considered in only a small subset of patients with persistent, severe symptoms refractory to nonsurgical intervention for at least 6 to 12 months. Guideline criteria have not been met. Detailed evidence of at least 6 to 12 months of a recent, reasonable and/or comprehensive non-operative guideline-recommended treatment protocol trial and failure has not been submitted. There was no evidence that the injured worker had persistent and refractory severe symptoms at the time of this surgery. Therefore, this request is not medically necessary.

**Retrospective request for Tenolysis of posterior tibialis tendon for the left foot, (DOS: 07/09/2014): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

**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: Surgery for posterior tibial tendon tears.

**Decision rationale:** The Official Disability Guidelines recommend surgery for posterior tibial tendon tears when conservative treatment fails. In the early stages, posterior tibial tendon dysfunction may be treated with rest; nonsteroidal anti-inflammatory drugs such as aspirin or ibuprofen, and immobilization of the foot for 6 to 8 weeks with a rigid below-knee cast or boot to prevent overuse. After the cast is removed, shoe inserts such as a heel wedge or arch support may be helpful. If the condition is advanced, a custom-made ankle-foot orthosis or support may be necessary. Guideline criteria have not been met. Detailed evidence of a recent, reasonable and/or comprehensive non-operative guideline-recommended treatment protocol trial and failure has not been submitted. Therefore, this request is not medically necessary.

**Retrospective request for custom molded orthotics for the left foot, (DOS: 07/09/2014):**

Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot: Orthotic devices.

**Decision rationale:** The California MTUS guidelines state that rigid orthotics (full shoe-length inserts made to realign within the foot and from foot to leg) may reduce pain experienced during walking and may reduce more global measures of pain and disability for patients with plantar fasciitis and metatarsalgia. The Official Disability Guidelines state that both prefabricated and custom orthotic devices are recommended for plantar heel pain (plantar fasciitis, plantar fasciosis, and heel spur syndrome). Guideline criteria have not been met. There is no contemporary documentation to support the medical necessity of orthotic relative to pain and disability. There is no compelling reason to support the medical necessity of custom molded orthotics over pre-fabricated orthotics. Therefore, this request is not medically necessary.

**Retrospective Post-Operative Physical Therapy x9 visits for the left foot, (DOS: 07/09/2014):** 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), Ankle & Foot, Post-surgical treatment guidelines.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 14.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.