

Case Number:	CM15-0056019		
Date Assigned:	04/01/2015	Date of Injury:	07/27/2010
Decision Date:	05/01/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/25/2015

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 a 43-year-old male who sustained an industrial injury on 7/27/10. The mechanism of injury was not documented. He underwent left partial plantar fasciectomy in 3/19/13. The 11/6/14 treating physician report cited a flare-up of his left heel pain relative to climbing a ladder at home. Pain was not present in the morning. As the day went on, he reported a dull ache, not sharp like before. The injured worker had undergone left heel surgery last year and had been pain free until the past several months. Physical exam documented tenderness left plantar heel and -7 degrees of ankle dorsiflexion when knee extended. The assessment was typical plantar fasciitis type pain left foot. The treatment plan recommended x-rays and referral to surgeon. The 2/9/15 left foot MRI impression documented marked thickening of the lateral band of the plantar fascia with associated intrinsic and peritendinous inflammatory changes, particularly prominent in the medial subcutaneous soft tissues adjacent to the heel have undergone marked interval improvement. Mild inflammatory changes in the plantar fascia and peritendinous subcutaneous soft tissues persist, most consistent with a plantar fasciitis. The 2/25/15 treating physician report cited left plantar hindfoot pain, aggravated by weight bearing, and relieved by rest. He was not able to walk more than #130 ½ mile without soreness. He had lost 15 pounds since the last visit, current body mass index 47.25. Medications included opioid pain medication. Physical exam documented moderate pes planus bilaterally, and tenderness over the left central and lateral plantar fascia origins. Ankle and foot range of motion was symmetrical and strength was normal. The diagnosis was plantar fasciitis and exostosis. The treating physician report opined that his pain was most likely due to the pressure lesion noted as

an inflamed fat pad on MRI. The injured worker wanted to proceed with surgery. The treating physician opined that with MRI findings, revision surgery would have a 50% or less probability of success. Authorization was requested for left partial plantar fasciectomy and excision of the calcaneal spur, physical therapy times 12 sessions, crutches, rollover walker, cam walker and post-operative shoe. The 3/4/15 utilization review non-certified the request for revision of left partial plantar fasciectomy and excision of calcaneal spur and associated surgical requests as there was no documentation of failed conservative treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left partial plantar fasciectomy and excision of the calcaneal spur: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374 and 375. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot: Surgery for plantar fasciitis.

Decision rationale: The California MTUS guidelines recommend surgical consideration when there is activity limitation for more than one month without signs of functional improvement, and exercise programs had failed to increase range of motion and strength. Guidelines require clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long-term from surgical repair. The Official Disability Guidelines do not recommend surgery for plantar fasciitis based on the absence of randomized clinical trials evaluating surgery for plantar heel pain. Guidelines state that plantar fasciitis is a self-limiting condition. Conservative treatment should include physical therapy modalities, foot orthotics, night splinting, and corticosteroid injections. Ninety percent of patients improve with these conservative techniques. Surgical treatment 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. There is no evidence of severe symptoms. There is no detailed documentation that recent comprehensive conservative treatment, including injections and orthotic devices, had been tried and failed. There is no clear imaging evidence of significant plantar fasciitis or inflamed heel spur to support the medical necessity of surgery. The treating physician opined that pain was likely due to a pressure lesion and there was a 50% or less probability of surgical success. Therefore, this request is not medically necessary.

Physical therapy 12 session: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 12-14. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot: Surgery for plantar fasciitis.

Decision rationale: As the surgical request is not supported, this request is not medically necessary.

Crutches and roll over walker, CAM walker, Post op shoe: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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: Cam walker; Shoes; Walking aids (canes, crutches, braces, orthoses, & walkers).

Decision rationale: As the surgical request is not supported, this request is not medically necessary.