

<b>Case Number:</b>	CM15-0088714		
<b>Date Assigned:</b>	05/14/2015	<b>Date of Injury:</b>	01/20/2012
<b>Decision Date:</b>	08/07/2015	<b>UR Denial Date:</b>	04/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2015

### 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: Neurological 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 56 year female who sustained an industrial injury on January 20, 2012. She has reported left ankle pain and has been diagnosed with left ankle lateral ligament sprain with residual and/or a lot of soft tissue impingement, left foot plantar fasciitis, and left tarsal tunnel syndrome. Treatment has included medications, medical imaging, and bracing. The ankle examination showed mild tarsal tunnel tenderness with an equivocal Tinel's sign. There was left foot tenderness to palpation over the plantar fascia and medial calcaneal tubercle. The treatment request included surgery and postoperative care.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Endoscopic posterior plantar fascia release, left foot: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle foot chapter-surgery for plantar fasciitis.

**Decision rationale:** The ODG guidelines do not recommended surgery for plantar fasciitis except for patients who have persistent severe symptoms. Documentation does not provide this evidence. The requested treatment: Endoscopic posterior plantar fascia release, left foot is not medically necessary and appropriate

**Tibial tendon debridement and repair:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle foot chapter-Surgery for posterior tibial tendon ruptures.

**Decision rationale:** The ODG guidelines recommend staged treatment of posterior tibial tendon dysfunction before surgery is considered. The guidelines outline the recommended interventions. Documentation does not show these recommendations have been followed. The requested treatment: Tibial tendon debridement and repair is not medically necessary and appropriate.

**Lateral ligament reconstruction, left ankle:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle foot chapter-Surgery for ankle sprains.

**Decision rationale:** The ODG guidelines list the indications for surgery for lateral ligament ankle reconstruction. Documentation does not show evidence of meeting these criteria. The requested treatment: Lateral ligament reconstruction left ankle is not medically necessary and appropriate.

**Surgical implants and 3.0mm suturetak anchor by arthrex x 2:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

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

**Post-op crutches:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

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

**Post-op walker:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

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

**Post-op cam-walker boot for left foot:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

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

**Post-op physical therapy 2 x 4 for left foot:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

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