

Case Number:	CM14-0115695		
Date Assigned:	08/04/2014	Date of Injury:	11/01/2010
Decision Date:	10/06/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/22/2014

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. The expert reviewer is Board Certified in Allergy and Immunology and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 date of injury for this 31 year old female was 11/1/10. She sustained a crush injury to the left ankle. Plain films of the ankle 4/30/13, showed no evidence of an osseous lesion or of degenerative disease. She complained to the requesting provider of left heel pain and difficulty placing any weight on the left heel with activities of daily living. The provider noted that she had pain with respect to the plantar fascia, both lateral and medial bands. His diagnosis was crush injury left ankle with instability with ligament injury, status post arthroscopic left ankle surgery with residual derangement, painful gait, and plantar fasciitis. He planned to use topicals, orthotics, and plantar fasciectomy. The patient had had conservative management with OTC orthotics, night splints, strapping, bracing, and physical therapy without improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient plantar fasciectomy of the left heel/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, foot and ankle chapter, surgery for plantar fasciitis

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 1) Official Disability Guidelines (ODG), Treatment Index, 9th Edition (web), Ankle Foot/Orthotics: 2) Clin Orthop Relat Res. 2013

Nov;471(11):3645-52. doi: 10.1007/s11999-013-3132-2. Epub 2013 Jun 28. Extracorporeal shock wave therapy is effective in treating chronic plantar fasciitis: a meta-analysis of RCTs. Aqil A1, Siddiqui MR, Solan M, Redfern DJ, Gulati V, Cobb JP. CONCLUSIONS: ESWT is a safe and effective treatment of chronic plantar fasciitis

Decision rationale: There are still other conservative measures that might well prove beneficial prior to surgery that could well cause still yet other issues for the patient. When all conservative measures have failed, surgery might well be indicated. Literature search details the use of acupuncture, ESWT, nerve ablation, and steroid injection. However, steroid injection may also result in other issues for the patient including atrophy. This is an appeal for authorization for plantar fasciectomy. Therefore, the request is not medically necessary.