

Case Number:	CM15-0116460		
Date Assigned:	06/24/2015	Date of Injury:	09/18/2014
Decision Date:	09/17/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	06/16/2015

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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 35 year old female, who sustained an industrial injury on 9-18-14. She reported foot pain. The injured worker was diagnosed as having right plantar fascial rupture, chronic right heel pain secondary to chronic plantar fasciitis, and chronic right heel pain secondary to chronic tarsal tunnel syndrome with entrapment of Baxter's nerve. Treatment to date has included physical therapy and medication. Physical examination findings on 5-6-15 included pain to palpation at the plantar medial right heel in the area of the origin of the central band of the plantar fascia as well as at the medial tarsal tunnel and distal medial heel in the area of the distal tarsal tunnel and Baxter's nerve. Currently, the injured worker complains of right heel pain. The treating physician requested authorization for right foot distal tarsal tunnel release, plantar fasciotomy, pre-operative medical clearance, a complete blood count, a basic metabolic panel, human chorionic gonadotropin, and crutches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Foot Distal Tarsal Tunnel Release, Plantar Fasciotomy: 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 Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): ACOEM, Chapter 14, Ankle, Surgery. Page 374. Decision based on Non-MTUS Citation ODG, Foot and Ankle, Plantar surgery.

Decision rationale: This claimant was injured back in 2014 with foot pain. The alleged diagnoses were right plantar fascial rupture, chronic right heel pain due to chronic plantar fasciitis, and chronic tarsal tunnel syndrome with entrapment of Baxter's nerve. Per the MTUS, referral for surgical consultation may be indicated for patients who have: Activity limitation for more than one month without signs of functional improvement; Failure of exercise programs to increase range of motion and strength of the musculature around the ankle and foot; Clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. And regarding tarsal tunnel syndrome release, the ODG notes: Recommended after conservative treatment for at least one month. Patients with clinical findings and positive electrodiagnostic studies of tarsal tunnel syndrome warrant surgery when significant symptoms do not respond to conservative management. Finally, regarding plantar surgery, the ODG notes: No randomized trials evaluating surgery for plantar heel pain against a control group have been identified; therefore no conclusions can be drawn. (Crawford, 2002) In this case, there is a lack of clinical and imaging evidence of an operable lesion, or clear electrodiagnostic evidence of nerve entrapment. Also, the plantar surgery is not sufficiently studied and validated to recommend it for this or any claimant. On this review, there is insufficient documentation to support the surgery. The surgical requests are non-certified.

Pre Operative Medical Clearance: 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 Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): ACOEM, Chapter 14, Ankle, Surgery. Page 374. Decision based on Non-MTUS Citation ODG, Foot and Ankle, Plantar surgery.

Decision rationale: The pre-operative medical clearance would make clinical sense only if the surgery was authorized. However, the surgery was not certified, because there is a lack of clinical and imaging evidence of a lesion, or clear electrodiagnostic evidence of nerve entrapment. Also, the plantar surgery is not sufficiently studied and validated to recommend it for this claimant or in general. Therefore, as the surgeries were not certified, the pre-operative clearance is unnecessary, and also non-certified.

Lab: Complete Blood Count: 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 Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): ACOEM, Chapter 14, Ankle, Surgery. Page 374. Decision based on Non-MTUS Citation ODG, Foot and Ankle, Plantar surgery.

Decision rationale: The pre-operative complete blood count would make clinical sense only if the surgery was authorized. However, the surgery was not certified, because there is a lack of clinical and imaging evidence of a lesion, or clear electrodiagnostic evidence of nerve entrapment. Also, the plantar surgery is not sufficiently studied and validated to recommend it for this claimant or in general. Therefore, as the surgeries were not certified, the need for pre-operative blood work is not validated. The request is not certified.

Lab: Basic Metabolic Panel: 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 Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): ACOEM, Chapter 14, Ankle, Surgery. Page 374. Decision based on Non-MTUS Citation ODG, Foot and Ankle, Plantar surgery.

Decision rationale: As shared previously, the pre-operative metabolic panel would make clinical sense only if the surgery was authorized. However, the surgery was not certified, because there is a lack of clinical and imaging evidence of a lesion, or clear electrodiagnostic evidence of nerve entrapment. Also, the plantar surgery is not sufficiently studied and validated to recommend it for this claimant or in general. Therefore, as the surgeries were not certified, the need for pre-operative blood work such as this basic metabolic panel is not validated and the request is not certified.

Lab: Human Chorionic Ganadotropin: 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 Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): ACOEM, Chapter 14, Ankle, Surgery. Page 374. Decision based on Non-MTUS Citation ODG, Foot and Ankle, Plantar surgery.

Decision rationale: A preoperative pregnancy test would make clinical sense only if the surgery was authorized. However, the surgery was not certified, because there is a lack of clinical and imaging evidence of a lesion, or clear electrodiagnostic evidence of nerve entrapment. Also, the

plantar surgery is not sufficiently studied and validated to recommend it for this claimant or in general. Therefore, as the surgeries were not certified, the need for this test likewise is not certified.

Crutches: 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 Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): ACOEM, Chapter 14, Ankle, Surgery. Page 374. Decision based on Non-MTUS Citation ODG, Foot and Ankle, Plantar surgery.

Decision rationale: As previously shared, crutches would make clinical sense only if the surgery was authorized. However, the surgery was not certified, because there is a lack of clinical and imaging evidence of a lesion, or clear electrodiagnostic evidence of nerve entrapment. Also, the plantar surgery is not sufficiently studied and validated to recommend it for this claimant or in general. Therefore, as the surgeries were not certified, the need for post-operative crutches was also not validated. The request is not certified.