

Case Number:	CM15-0065089		
Date Assigned:	04/13/2015	Date of Injury:	09/30/2010
Decision Date:	05/12/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	04/06/2015

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: California

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 (n) 58 year old male, who sustained an industrial injury on 9/30/10. He reported pain in his knees, feet and shoulders related to repetitive movements. The injured worker was diagnosed as having bilateral fibromatosis plantar fascial and osteoarthritis of the bilateral ankle and foot. Treatment to date has included right ankle MRI, physical therapy, right foot cortisone injections and pain medications. On 2/12/15, the injured worker stated his right fascia was not getting better despite the cortisone injection received in January. As of the PR2 dated 2/25/15, the injured worker reports right foot pain. He reports a 30% reduction in pain with Vicodin, but he is having constipation. The treating physician requested a TENEX fasciotomy of the right foot and an associated surgical service: Cryo Unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENEX Fasciotomy of The Right Feet: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment 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, Surgery for Plantar Fasciitis.

Decision rationale: CA MTUS/ACOEM is silent on the issue of surgery for plantar fasciitis. Per the ODG Ankle and Foot, surgery for plantar fasciitis, plantar fascia release is reserved for a small subset of patients who have failed at least 6-12 months of conservative therapy. In this case there is insufficient evidence in the cited records from 2/25/15 of failed conservative management to support plantar fascia release. Therefore the determination is not medically necessary for the TENEX fasciotomy.

Associated Surgical Service: Cryo Unit: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle and Foot, Cryotherapy.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.