

Case Number:	CM15-0066976		
Date Assigned:	04/14/2015	Date of Injury:	07/16/2012
Decision Date:	06/25/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/08/2015

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: Podiatrist

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-old male, who sustained an industrial injury on 7/16/12. The injured worker has complaints of right heel pain. The diagnoses have included plantar fascial fibromatosis; tenosynovitis of foot and ankle and calcaneal spur. Treatment to date has included right heel X-ray; magnetic resonance imaging (MRI) of the right heel; aggressive home therapeutic stretching and icing exercises; physical therapy; plantar fascial release/spur resection from the inferior proximal right arch and heel region and medications. The request was for plantar fascial release for the right foot (outpatient); gastroc recessions right lower leg; partial plantar fascial resection and pre-operative lab complete blood count.

IMR ISSUES, DECISIONS AND RATIONALES

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

Plantar fascial release for the right foot (outpatient): 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), Ankle & Foot Chapter, Surgery for Plantar Fasciitis.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370, 371, 374.

Decision rationale: According to the enclosed information, this patient underwent a plantar fascial release with heel spur excision on 3/29/2013. On 3/17/2015 patient presents with continued right heel pain. Painful nodular areas are also noted to the medial plantar fascia right side. Physical exam reveals 4 - 6 small nodular masses within the medial aspect of the plantar fascia. A compensating gait and tight Achilles tendon is also noted. Diagnoses include plantar fasciitis, tendinitis, calcaneal spur, plantar fibromatosis, and suspected Baxters neuroma. Multiple surgeries as noted above are recommended. After careful review of the enclosed information and the MTUS guidelines for this case, it is my opinion that the requested plantar fascial release cannot be recommended. The MTUS guidelines state that plantar fasciitis is treated with supportive shoes and custom functional rigid orthotics. There is no documentation that these treatments have been attempted. Therefore, this request is not medically necessary.

Gastroc Recessions Right Lower Leg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Institutes of Health.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370, 371, 374.

Decision rationale: According to the enclosed information, this patient underwent a plantar fascial release with heel spur excision on 3/29/2013. On 3/17/2015 patient presents with continued right heel pain. Painful nodular areas are also noted to the medial plantar fascia right side. Physical exam reveals 4 - 6 small nodular masses within the medial aspect of the plantar fascia. A compensating gait and tight Achilles tendon is also noted. Diagnoses include plantar fasciitis, tendinitis, calcaneal spur, plantar fibromatosis, and suspected Baxters neuroma. Multiple surgeries as noted above are recommended. After careful review of the enclosed information and the MTUS guidelines for this case, it is my opinion that the requested plantar fascial release cannot be recommended. The MTUS guidelines state that plantar fasciitis is treated with supportive shoes and custom functional rigid orthotics. There is no documentation that these treatments have been attempted. Furthermore, there is no guideline that suggests gastroc recession for the treatment of plantar fasciitis. Therefore, this request is not medically necessary.

Partial Plantar Fascial Resection,: 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), Ankle & Foot Chapter, Surgery for Plantar Fasciitis.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374.

Decision rationale: According to the enclosed information, this patient underwent a plantar fascial release with heel spur excision on 3/29/2013. On 3/17/2015 patient presents with continued right heel pain. Painful nodular areas are also noted to the medial plantar fascia right side. Physical exam reveals 4 - 6 small nodular masses within the medial aspect of the plantar fascia. A compensating gait and tight Achilles tendon is also noted. Diagnoses include plantar fasciitis, tendinitis, calcaneal spur, plantar fibromatosis, and suspected Baxters neuroma. Multiple surgeries as noted above are recommended. After careful review of the enclosed information and the MTUS guidelines for this case, it is my opinion that the requested partial plantar fascial resection cannot be recommended. The MTUS guidelines state that a 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. There is no documentation of imaging evidence of fibromas within the plantar fascia. Therefore, this request is not medically necessary.

Pre-operative lab: CBC: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370, 371, 374.

Decision rationale: According to the enclosed information, this patient underwent a plantar fascial release with heel spur excision on 3/29/2013. On 3/17/2015 patient presents with continued right heel pain. Painful nodular areas are also noted to the medial plantar fascia right side. Physical exam reveals 4 - 6 small nodular masses within the medial aspect of the plantar fascia. A compensating gait and tight Achilles tendon is also noted. Diagnoses include plantar fasciitis, tendinitis, calcaneal spur, plantar fibromatosis, and suspected Baxters neuroma. Multiple surgeries as noted above are recommended. After careful review of the enclosed information and the MTUS guidelines for this case, it is my opinion that the requested partial plantar fascial resection cannot be recommended. The MTUS guidelines state that a 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. There is no documentation of imaging evidence of fibromas within the plantar fascia. Because none of the requested surgeries can be recommended, the pre operative lab work is not needed or recommended. Therefore, this request is not medically necessary.