

<b>Case Number:</b>	CM15-0067644		
<b>Date Assigned:</b>	04/15/2015	<b>Date of Injury:</b>	08/30/2014
<b>Decision Date:</b>	05/15/2015	<b>UR Denial Date:</b>	03/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/09/2015

### 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: Illinois, California, Texas  
 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 50-year-old female who sustained an industrial injury on 8/30/14. Past medical history included cervical cancer. The 1/29/15 initial podiatry report cited complaints of shocking feeling on the bottom of her feet and swelling. She had tried orthotics, activity modification, light duty, and anti-inflammatory medications. She was on her feet 12 to 15 hours a day working as a Deputy Sheriff. Clinical exam documented negative Tinel's, intact distal sensation, and antalgic gait favoring the left limb and shortened stride length bilaterally. There was edema at the plantar fascial insertion on the left calcaneus, 3 palpable fibromas located along the medial band of the plantar fascia. There was pain on palpation of the plantar fascial insertion on the left calcaneus at the plantar medial aspect of the left heel and on palpation of the fibromas. There was normal muscle strength and range of motion. The diagnosis was plantar fasciitis and fibromatosis. The treatment plan included new custom orthotics and Voltaren gel. The progress reports from 2/3/15 to 2/18/15 documented on-going symptoms with weight bearing activities and difficulties with adjusting new orthotics. Physical therapy was requested on 2/18/15. The 3/18/14 treating physician report cited left foot pain and swelling and increased dependent on activity level. She had been diagnosed with plantar fasciitis and was treated with home exercise, off work, and activity modification. When she returned to work following a 2 week vacation, she experienced a return of excruciating pain. Physical exam indicated that the fibroma had grown in size and had now captured the medial slip from distal to proximal foot. The fibroma measured 7.5 cm x 2 cm x 1.7 cm. She had some nerve symptoms related to the fibroma. The diagnosis was fibromas secondary to plantar fasciitis. Authorization was requested for removal of fibromas

left foot. The 3/24/15 utilization review non-certified the request for removal of fibroma. The rationale for non-certification noted the high recurrence rate and indicated that without discussion of total fasciectomy and reasoning to support this surgical request, the medical necessity of this request is not established.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Removal of fibromas of the left foot: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Planter fibromatosis. Zgonis T-Chin podiatry medical surgeon North America.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Wheelless; Textbook of Orthopaedics. Plantar Fibromatosis. Updated 6/20/12.<http://www.wheelsonline.com/ortho/fibromatosis>.

**Decision rationale:** The California MTUS and Official Disability Guidelines do not address removal of foot fibromas. Wheelless; Textbook of Orthopaedics indicates that non-operative treatment should always be tried and exhausted before considerations are made for excision of fibromas. The main indication for operative intervention when the nodules become large and painful enough to be disabling while patient is standing or walking. Guidelines state that total fasciectomy is necessary to avoid recurrence. Guideline criteria have not been fully met. This injured worker presents with clinical findings of plantar fibromatosis. She has significant pain with weight bearing. There is detailed evidence of conservative treatment to include anti-inflammatory oral and topical medications, and activity modification. However, guidelines require exhaustion of conservative treatment. There is no detailed evidence that new custom orthotics have been fully adjusted and have failed to provide relief. There is no evidence that recently requested physical therapy treatment had been completed and failed. Additionally, there is no discussion noted regarding the inclusion of a plantar fasciectomy as recommended by guidelines as necessary to avoid recurrence. Therefore, this request is not medically necessary at this time.

#### **Pre-operative medical clearance/labs/X-ray/ EKG: 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)-TWC.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Practice advisory for preanesthesia evaluation: an updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. *Anesthesiology* 2012 Mar; 116(3):522-38.

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

