

Case Number:	CM15-0073871		
Date Assigned:	04/24/2015	Date of Injury:	10/02/2001
Decision Date:	07/31/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	04/17/2015

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 52 year old female, who sustained an industrial injury on 10/2/2001. She reported an injury to her low back due to lifting and moving heavy boxes. Diagnoses have included tarsal tunnel syndrome, plantar fasciitis of the right foot, Achilles tendon injury and painful internal fixation. Treatment to date has included right tarsal tunnel release (11/14/2014), physical therapy, strapping, bracing and injections. According to the podiatric progress report dated 2/23/2015, the injured worker complained of plantar fascia pain. The injured worker had symptomatology on the right foot. She continued to have severe pain in the plantar fascia to palpation of the medial and central bands. She had difficulty with heel walking, heel standing, squatting and crouching. Dorsiflexion of the foot increased her pain significantly. It was noted that her last injection was one month ago. Authorization was requested for plantar fascia release of the right foot, and post-operative knee walker, shower boot, interferential unit, hot/cold therapy, physical therapy, and CAM walker.

IMR ISSUES, DECISIONS AND RATIONALES

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

Plantar fascia release of the right foot: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle and Foot (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (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 2/23/15 of failed conservative management to support plantar fascia release. Therefore, the request is not medically necessary.

Associated Surgical Service: Shower Boot: 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), Knee and Leg Procedure Summary, Walking aids.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG), Knee and Leg section, Durable medical equipment.

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

Associated Surgical Service: Interferential Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation Page(s): 118-119.

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

Associated Surgical Service: Postoperative Hot/Cold Therapy: 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 and Foot Procedure Summary, Continuous flow cryotherapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline, Knee and Leg, Continuous flow cryotherapy.

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

Postoperative Physical Therapy 3x4 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 13.

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

Associated Surgical Service: CAM Walker: 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), Knee and Leg Procedure Summary, Walking aids.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG), Knee and Leg section, Durable medical equipment.

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

Associated Surgical Service: Knee Walker: 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), Knee and Leg Procedure Summary, Walking aids.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG), Knee and Leg section, Durable medical equipment.

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