

Case Number:	CM15-0074723		
Date Assigned:	05/14/2015	Date of Injury:	12/27/2014
Decision Date:	06/19/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/20/2015

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 49 year old female who sustained an industrial twisting injury to her left ankle on 12/27/2014. The injured worker was diagnosed with left ankle sprain/strain and plantar fibromatosis. Treatment to date includes conservative measures, cortisone injections, arch supports, oral steroids, physical therapy and medications. A left ankle magnetic resonance imaging (MRI) on February 3, 2015 suggesting plantar fasciitis, distal tibialis posterior tendon tendinosis/tenosynovitis and no evidence of full thickness tear. According to the primary treating physician's progress report on March 17, 2015, the injured worker continues to experience left heel pain. The injured worker reports the steroid injection lasted four days and pain returned. Examination of the lower extremity demonstrated neurovascular intact, good motor strength with dorsiflexion, plantar flexion, inversion and aversion against resistance. Anterior drawer sign was negative with full range of motion of the ankle. There was soreness on palpation of the plantar aspect of the left heel. Range of motion was 15 degrees dorsiflexion and 15 degrees plantar flexion in the metatarsophalangeal joint.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left plantar fascial release: Overturned

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): 374.

Decision rationale: According to the enclosed information, this patient is suffering with painful left plantar fasciitis. The progress notes advise that this patient has undergone plantar fasciitis treatments including local cortisone injections to heel, oral steroids, arch supports, physical therapy, medication, and Voltaren gel. Unfortunately, patient's pain is not responded to any of the conservative treatment plans. MRI evaluation on 2/3/2015 reveals evidence of plantar fasciitis. On 3/17/2015 patient continues to have left heel pain. Pain is noted upon palpation to the plantar medial heel. Surgical intervention including endoscopic plantar fasciotomy was recommended. According to the MTUS guidelines, 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. After careful review of the pertinent medical records as well as the MTUS guidelines, it appears that surgical intervention for this patient's painful plantar fasciitis is medically reasonable and necessary according to the guidelines. This patient has failed numerous conservative treatments for plantar fasciitis. Furthermore, there is imaging confirmation that this patient is suffering with plantar fasciitis. For these reasons, I feel that authorization for an endoscopic plantar fasciotomy is recommended. Therefore, the requested medical treatment is medically necessary.