

Case Number:	CM15-0097145		
Date Assigned:	05/27/2015	Date of Injury:	09/15/2005
Decision Date:	06/25/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/19/2015

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 44-year-old male with an industrial injury dated 09/15/2005. His diagnosis was plantar fasciitis, left foot. Prior treatment included physical therapy, right foot surgery and medications. He presents on 02/24/2015 with pain with heel walking and heel standing on the left. The injured worker's right side continued to show improvement in regard to symptoms of tarsal tunnel syndrome. He also continued to have pain to bilateral heels, particularly on the left. Physical exam noted the injured worker was ambulating in full weight bearing status "however, he does have difficulty with gait overall." There were well-healed incisions to bilateral feet secondary to bilateral tarsal tunnel release and plantar fascia release of the right foot. Skin temperature was warm bilaterally and symmetrically. Pulses were palpable bilaterally. The injured worker demonstrated continuation of numbness of bilateral feet, which was slowly improving. He also complained of cramping of bilateral feet. Sensations were intact and muscle strength was normal. MRI of the right ankle dated 11/24/2014 showing partial split tear of tendon with small joint effusion. The request is for physical therapy times 18 to right foot and plantar fasciotomy, right foot.

IMR ISSUES, DECISIONS AND RATIONALES

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

Plantar Fasciotomy, Right: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

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

Decision rationale: After careful review of the enclosed information and the pertinent MTUS guidelines for this case, it is my feeling that the requested right plantar fascia releases is not medically reasonable or necessary according to the guidelines. MTUS guidelines state that plantar fasciitis is treated with soft supportive shoes, rigid orthotics, and only occasionally with surgical correction. Patient has already undergone surgical correction once in there is no documentation that would make one believe that a second surgery would be beneficial for this patient. There is no documentation of orthotic therapy. Furthermore, 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 clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long-term from surgical repair.

Physical therapy x 18 to right foot: 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: After careful review of the enclosed information and the pertinent MTUS guidelines for this case, it is my feeling that the requested right plantar fascia releases is not medically reasonable or necessary according to the guidelines. MTUS guidelines state and plantar fasciitis is treated with soft supportive shoes, rigid orthotics, and only occasionally with surgical correction. Patient has already undergone surgical correction once in there is no documentation that would make one believe that a second surgery would be beneficial for this patient. Furthermore, 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 clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long-term from surgical repair. Because the plantar fascial release cannot be recommended, the postoperative physical therapy cannot be recommended.

