**MAXIMUS FEDERAL SERVICES, INC.**
Independent Medical Review
P.O. Box 138009
Sacramento, CA 95813-8009
(855) 865-8873 Fax: (916) 605-4270

MAXIMUS Federal Services

## Notice of Independent Medical Review Determination

Dated: 11/26/2013

| | |
|---|---|
| Employee: | |
| Claim Number: | |
| Date of UR Decision: | 7/23/2013 |
| Date of Injury: | 9/15/2009 |
| IMR Application Received: | 7/31/2013 |
| MAXIMUS Case Number: | CM13-0004730 |

1) MAXIMUS Federal Services, Inc. has determined the request for left endoscopic planter fascial release quantity 1.00 **is not medically necessary and appropriate.**

2) MAXIMUS Federal Services, Inc. has determined the request for right endoscopic planter fascial release quantity 1.00 **is not medically necessary and appropriate.**

3) MAXIMUS Federal Services, Inc. has determined the request for preoperative clearance including labs quantity 1.00 **is not medically necessary and appropriate.**

4) MAXIMUS Federal Services, Inc. has determined the request for EKG quantity 1.00 **is not medically necessary and appropriate.**

5) MAXIMUS Federal Services, Inc. has determined the request for chest X-ray quantity 1.00 **is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/31/2013 disputing the Utilization Review Denial dated 7/23/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/12/2013. A decision has been made for each of the treatment and/or services that were in dispute:

1) MAXIMUS Federal Services, Inc. has determined the request for left endoscopic planter fascial release quantity 1.00 **is not medically necessary and appropriate.**

2) MAXIMUS Federal Services, Inc. has determined the request for right endoscopic planter fascial release quantity 1.00 **is not medically necessary and appropriate.**

3) MAXIMUS Federal Services, Inc. has determined the request for preoperative clearance including labs quantity 1.00 **is not medically necessary and appropriate.**

4) MAXIMUS Federal Services, Inc. has determined the request for EKG quantity 1.00 **is not medically necessary and appropriate.**

5) MAXIMUS Federal Services, Inc. has determined the request for chest X-ray quantity 1.00 **is not medically necessary and appropriate.**

**Medical Qualifications of the Expert Reviewer:**
The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in California. 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 treatments and/or services at issue.

**Expert Reviewer Case Summary:**
The patient is a 47-year-old female who reported an injury on 09/15/2009. She is noted to have complaints of hurting when walking up and down stairs. She reported that her pain was a 6/10 to 7/10 involving both knees, ankles and feet. She was reported on physical exam to have no ecchymosis, swelling or crepitation, redness or warmth at either of the ankles with good full passive and active range of motion. She had tenderness over the os calus area and the plantar ligament area of both feet with no ecchymosis, redness or warmth noted. X-rays were reported to have been taken on that date. She was dispensed naproxen 500 mg and Ultracet to use on an as needed basis. The patient was noted on 01/28/2013 to have undergone surgery for excision of a retrocalcaneal bursa, an Achilles tenotomy?) and excision of bone from the calcaneus and repair of the Achilles tendon of the right foot. The patient was reported to have done well postoperatively until a fall; and then she was noted to have developed dehiscence of her surgical wound and to have developed an ulcerated wound of the right ankle. On 04/30/2013, she was noted to have returned to the operating room and to have

undergone a debridement of the ulcer of the right ankle and an allograft with Neox allograft material to the right ankle wound. On 05/06/2013, the patient was reported to be 1 week status post debridement and grafting and noticed a healed wound today. She reported continued pain to the Achilles length after sustaining fall. A clinical noted 06/30/2013 reported that the patient stated that since her postsurgical fall, she continued to experience burning pain in the Achilles. She was noted to have mild edema to the Achilles. On 06/24/2013, Dr. [redacted] noted that the patient was making excellent progress with a hypertrophic scar treated surgically by excision and allograft to the posterior Achilles area, which was healed very well. She was noted to continue to treat with continued strengthening. On 07/15/2013, the patient was reported to have responded well to the Achilles bursal surgery at the right heel and ankle, but was now experiencing significant fasciitis symptoms, which had responded temporarily to conservative care. A request was submitted for a left and right endoscopic plantar fasciitis release with pre-operative clearance including labs, an EKG and chest x-ray.

**Documents Reviewed for Determination**:
The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) **Regarding the request for** left endoscopic planter fascial release quantity 1.00**:**

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision
The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine, (ACOEM), 2nd Edition, (2004), Chapter 14, Foot and Ankle Complaints, page 374, which is part of MTUS.

The Expert Reviewer based his/her decision on the Ankle and Foot Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 14), Surgical Considersations, pages 374-375, which is part of MTUS and the Official Disability Guidelines, (ODG), Ankle & Foot (Acute & Chronic) Chapter, Surgery for plantar fasciitis, which is not part of the MTUS.

Rationale for the Decision:
The employee sustained injuries to both feet and ankles on 09/15/2009. The employee was noted to have undergone a right ankle surgery on 01/28/2013 with subsequent revision on 03/30/2013; and apparently, that site was well healed. Per the note of 07/15/2013, the employee was experiencing significant pain at the bilateral heels that had failed conservative treatment. The California MTUS Guidelines recommend a surgical consultation for activity limitations for more than 1 month without signs of functional improvement and failure of exercise to provide increased motion and strength of the musculature and clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short-term and long-term from surgical repair. The Official Disability Guidelines do not recommend surgery for plantar fasciitis and state that generally, surgical

intervention may be considered in severe cases where other treatments fail and note that surgical treatment is considered in only a small subset of patients with persistent, severe symptoms refractory to nonsurgical intervention for at least 6 to 12 months. The medical records submitted for review do not document that the employee has been treated conservatively for at least 6 to 12 months. The requested left endoscopic plantar fascial release does not meet guideline recommendations. **The request for left endoscopic plantar fascial release qty: 1 is not medically necessary and appropriate.**

2) **Regarding the request for** right endoscopic planter fascial release quantity 1.00**:**

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision
The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine, (ACOEM), 2nd Edition, (2004), Chapter 14, Foot and Ankle Complaints, page 374, which is part of MTUS.

The Expert Reviewer based his/her decision on the Ankle and Foot Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 14), Surgical Considersations, pages 374-375, which is part of MTUS and the Official Disability Guidelines, (ODG), Ankle & Foot (Acute & Chronic) Chapter, Surgery for plantar fasciitis, which is not part of the MTUS.

Rationale for the Decision:
The employee sustained injuries to both feet and ankles on 09/15/2009. The employee was noted to have undergone a right ankle surgery on 01/28/2013 with subsequent revision on 03/30/2013; and apparently, that site was well healed. Per the note of 07/15/2013, the employee was experiencing significant pain at the bilateral heels that had failed conservative treatment. The California MTUS Guidelines recommend a surgical consultation for activity limitations for more than 1 month without signs of functional improvement and failure of exercise to provide increased motion and strength of the musculature and clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short-term and long-term from surgical repair. The Official Disability Guidelines do not recommend surgery for plantar fasciitis and state that generally, surgical intervention may be considered in severe cases where other treatments fail and note that surgical treatment is considered in only a small subset of patients with persistent, severe symptoms refractory to nonsurgical intervention for at least 6 to 12 months. The medical records submitted for review do not document that the employee has been treated conservatively for at least 6 to 12 months. The requested left endoscopic plantar fascial release does not meet guideline recommendations. **The request for right endoscopic plantar fascial release qty: 1 is not medically necessary and appropriate.**

3) **Regarding the request for** preoperative clearance including labs quantity 1.00**:**

Since the primary procedure is not medically necessary, none of the associated services are medical necessary.

4) **Regarding the request for** EKG quantity 1.00**:**

Since the primary procedure is not medically necessary, none of the associated services are medical necessary.

5) **Regarding the request for** chest X-ray quantity 1.00**:**

Since the primary procedure is not medically necessary, none of the associated services are medical necessary.

**Effect of the Decision:**
The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/sce

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.