

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Independent Medical Review Final Determination Letter

[REDACTED]
[REDACTED]
[REDACTED]

Dated: 12/19/2013

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/18/2013
Date of Injury: 11/5/2009
IMR Application Received: 8/2/2013
MAXIMUS Case Number: CM13-0007779

DEAR [REDACTED]

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [REDACTED]

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she 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 Louisiana and Texas. 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 physician 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/services.

DOCUMENTS REVIEWED

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

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 45-year-old male who reported an injury on 11/05/2009 due to jumping from a lift. The patient was diagnosed with a calcaneal fracture at that time. The patient did not receive any conservative therapy immediately following the injury. The patient's pain was controlled by Motrin 800 mg 2 to 3 times per day. The patient had continued pain. Physical therapy was prescribed in 2013. The patient underwent an MRI that revealed evidence of a healed right calcaneal fracture, and evidence of a plantar exostosis. The patient received a diagnostic steroid injection that the patient responded positively to. The patient had continued pain. Physical findings included tenderness to palpation of the plantar aspect of the calcaneus over the tubercle. The patient's diagnoses included a bone spur and limb pain. The patient's treatment plan included surgical exploration of the right knee with release of the plantar fascia and exostectomy with possible neurolysis.

IMR DECISION(S) AND RATIONALE(S)

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

1. Plantar calcaneal exostectomy of the right foot is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines and Ankle and Foot Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 14) table 2, Summary of Recommendations, ankle and foot disorders, which are part of the MTUS.

The Physician Reviewer based his/her decision on the Ankle and Foot Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 14), pages 374-375, which is part of the MTUS, and <http://www.webmd.com/a-to-z-guides/bone-spur-topic-overview?page=2>, which is not part of the MTUS.

The Physician Reviewer's decision rationale:

The appeal of plantar calcaneal exostectomy of the right foot is not medically necessary or appropriate. The employee does have continued heel pain. American College of Occupational and Environmental Medicine recommends surgical considerations when activity limitation is documented for greater than 1 month without signs of functional improvement, failure of an exercise program to increase range of motion and strength in the ankle and foot, and clear clinical and imaging evidence of a lesion that would show benefit from surgical repair. The clinical documentation submitted for review does provide evidence that the employee has a bone spur or exostosis. However, the clinical documentation submitted for review does not provide evidence that the employee has exhausted all conservative measures prior to surgical intervention. California Medical Treatment Utilization Schedule or Official Disability Guidelines do not specifically address bone spurs. Online resource WebMD indicates that the standard of treatment for a bone spur includes weight loss, physical therapy including ultrasound or deep tissue massage. Additionally, treatment can include rest, ice, stretching, and nonsteroidal anti-inflammatory drugs, changing footwear, adding padding to a shoe or shoe insert. Surgical intervention is recommended as part of a surgery to repair or replace a joint when osteoarthritis has caused considerable damage and deformity. The clinical documentation submitted for review does provide evidence that the employee was referred to physical therapy. However, the efficacy of that treatment was not stated. Additionally, it is unknown if the employee received ultrasound treatment or deep tissue massage during that physical therapy. Additionally, the documentation does not address footwear or padding. Also, there is no indication that the employee has osteoarthritis causing considerable damage and deformity to the foot. Therefore, surgical intervention would not be supported. **The request for plantar calcaneal exostectomy of the right foot is not medically necessary and appropriate.**

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.

[REDACTED]

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