

<b>Case Number:</b>	CM13-0070523		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	08/04/2011
<b>Decision Date:</b>	01/23/2014	<b>UR Denial Date:</b>	12/05/2013
<b>Priority:</b>	Expedited	<b>Application Received:</b>	12/26/2013

### 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. The expert reviewer is licensed in Podiatric Surgery and is licensed to practice in New York. 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. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

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

According to the enclosed information this patient was seen by her podiatrist for painful BL plantar fasciitis. The initial date of injury was 8-4-2011. According to the progress note dated 12-2-2013 the pt was still having pain to the plantar aspect of each foot. No improvement noted. There was pain on palpation to the medial and central bands of the plantar fascia as well as the calcaneus. Her symptoms increase with activation of the Windlass mechanism. PT has difficulty with heel walking, standing, squatting, and crouching. Pain to the Achilles tendon insertion is noted. Diagnoses that day included plantar fasciitis R>L, metatarsalgia, and painful gait. BL plantar fasciotomies were recommended. Prior physical exams mention forefoot pain and metatarsalgia due to alteration in gait due to the heel pain. The progress note of 3-25-2013 advises that pt is still having foot pain despite wearing her orthotics. On 11-30-2012 pt underwent a right ankle MRI, which demonstrated "plantar tendon tendinitis" as well as a calcaneal spur. In one of the enclosed case summaries it is noted that "according to the primary treating physician's progress report dated 11-15-2011, the patient had physical therapy which helped." There are no physical therapy notes in this chart, nor are there any details on the patient's orthotics.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**URGENT plantar fascia release, bilateral feet:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370-377.

**Decision rationale:** After careful review of the enclosed information and the MTUS guidelines involved in this case, a plantar fascia release for this patient is not medically necessary at this time. The progress notes enclosed advise only once of orthotic use by the patient, but it is not well documented as to whether these orthotics are rigid and functional, as recommended in the MTUS guidelines. Chapter 14 of the MTUS guidelines describes treatment options for plantar fasciitis and heel spurs, including: local cortisone injections to the painful area, NSAIDS, icing, stretching and strengthening exercises, rigid orthotics, heel donuts, and tension night splint. There is no mention of plantar fascia release in the guidelines. Research shows that 90% of plantar fasciitis can be cured with conservative measures, all of which are described above. There is no documentation that the conservative measures were attempted..