

<b>Case Number:</b>	CM14-0005304		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	03/31/2006
<b>Decision Date:</b>	07/31/2014	<b>UR Denial Date:</b>	01/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/14/2014

### 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 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 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:

The injured worker is a 63-year-old female who reported an injury on 03/31/2006 due to standing for long intervals and repetitive peddling that caused irritation to the sesamoid bone. The injured worker ultimately developed bilateral plantar fasciitis. The injured worker's treatment history included chiropractic care, corticosteroid injections, and orthotics. The injured worker was evaluated on 09/26/2013. It was noted that the patient could not walk after standing for prolonged periods of time. The physical findings included difficulty with heel walk and heel standing, squatting, and crouching, isolated pain to the plantar fascia of the bilateral feet. The injured worker's treatment plan included functional biomechanical orthotics. It was noted that if the patient failed to respond to night splinting and the biomechanical orthotics, surgical intervention would be recommended. The injured worker was evaluated on 12/11/2013. It was documented that the patient had failed all conservative treatment and surgical intervention was being requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Plantar fassciectomy to bilateral feet, right foot to be done first and left foot to be done second:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot chapter, Surgery for plantar fasciitis.

**Decision rationale:** The requested plantar fasciotomy to bilateral feet, right foot to be done first and left foot to be done second is medically necessary and appropriate. The California Medical Treatment Utilization Schedule does not address this type of surgical intervention. Official Disability Guidelines recommend plantar fasciotomy for patients who have exhausted all nonsurgical interventions for at least 6 to 12 months. The clinical documentation submitted for review does indicate that the patient has failed to respond to noninvasive measures to include orthotics, nighttime splinting, anti-inflammatory medications, and corticosteroid injections. However, the injured worker has failed to significantly respond to these conservative measures and has continued pain complaints interfering with the patient's ability to stand for prolonged periods of time. Therefore, surgical intervention would be indicated in this clinical situation. As such, the requested plantar fasciotomy to bilateral feet, right foot to be done first and left foot to be done second is medically necessary.