

<b>Case Number:</b>	CM14-0103755		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	02/03/2014
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	06/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2014

### 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 Occupational Medicine 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 represented [REDACTED] employee who has filed a claim for chronic foot and ankle pain reportedly associated with an industrial injury of February 3, 2014. Thus far, the injured worker has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; corticosteroid injection therapy; and orthotics. In a Utilization Review Report dated June 18, 2014, the claims administrator denied a request for plantar fasciotomy preoperative evaluation. In a June 30, 2014 progress note, the injured worker was described as having persistent complaints of right heel plantar fasciitis. It was stated that the injured worker was adamant that he would not be able to tolerate regular duty. The injured worker was asked to continue stable and supportive care. Work restrictions were endorsed. On June 23, 2014, it was stated that the injured worker was not working as his employer was unable to accommodate his limitations. Over-the-counter orthotics were again endorsed. In a progress note dated August 9, 2014, the injured worker was described as having chronic heel pain associated with plantar fasciitis. It was stated that the injured worker had failed conservative treatment. It was stated that the only option at this point was an elective surgical plantar fasciotomy procedure. Authorization for the same was sought. The injured worker was placed off of work, on total temporary disability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Plantar Fasciotomy , Pre-Op:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 1. ACOEM Practice Guidelines, Third Edition, Plantar Fasciitis section, Surgical Considerations topic. 2. Medscape, Preoperative Evaluation and Management article.

**Decision rationale:** The MTUS does not address either topic. As noted in the Third Edition ACOEM Guidelines, surgical release is "recommended" for select employees with chronic recalcitrant plantar fasciitis in employees whose condition has lasted at least 6 to 12 months. In this case, the employee's condition has, in fact, lasted the requisite 6 to 12 months. The employee has tried and failed numerous other non-operative treatments, including time, medications, physical therapy, injection therapy, orthotics, etc. Pursuit of a surgical remedy is therefore indicated. Accordingly, the plantar fasciotomy portion of the request is medically necessary. Similarly, the preoperative evaluation portion of the request is likewise medically necessary. The MTUS likewise does not address the topic. As noted by Medscape, the additional time invested in a preoperative evaluation yields in improved physician-employee relationship and reduces surgical complications. Therefore, the request for Plantar Fasciotomy, Pre-Op is medically necessary and appropriate.