

<b>Case Number:</b>	CM14-0138852		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	11/08/2006
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	08/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2014

### 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:

According to the records made available for review, this is a 40-year-old female with an 11/8/06 date of injury. At the time (6/3/14) of the request for authorization for right foot plantar fasciotomy, there is documentation of subjective (symptomatology of the heels, right greater than left) and objective (pain to palpation to the medial and central bands of the plantar fascia with symptoms that increase in difficulty with activation of the Windlass mechanism) findings, imaging findings (ultrasound musculoskeletal left foot (8/12/13) report revealed fusiform thickening of the plantar fascia at its insertion consistent with plantar fasciitis), current diagnoses (plantar fasciitis bilateral right side greater than left), and treatment to date (orthotics, physical therapy, and night splints). In addition, there is documentation that the patient has not had injection therapy secondary to the fact that she is a diabetic patient.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right foot plantar fasciotomy:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374-375.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot, Surgery for plantar fasciitis

**Decision rationale:** MTUS reference to ACOEM identifies documentation of activity limitation for more than one month without signs of functional improvement, failure of exercise programs to increase range of motion and strength of the musculature around the ankle and foot, and clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair, as criteria necessary to support the medical necessity of surgery. ODG identifies documentation of severe cases when other treatment fails, as criteria necessary to support the medical necessity of surgery for plantar fasciitis. Within the medical information available for review, there is documentation of diagnoses of plantar fasciitis bilateral right side greater than left. In addition, there is documentation of activity limitation for more than one month without signs of functional improvement, failure of exercise programs to increase range of motion and strength of the musculature around the ankle and foot, and clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. Therefore, based on guidelines and a review of the evidence, the request for right foot plantar fasciotomy is medically necessary.