

<b>Case Number:</b>	CM14-0155452		
<b>Date Assigned:</b>	09/24/2014	<b>Date of Injury:</b>	11/29/2002
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	08/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2014

### 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 Orthopaedic 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:

This 50-year-old male brick layer sustained an industrial injury on 11/29/02. Injury occurred when the patient fell from a scaffold approximately 15 feet and landed on his feet. The patient was diagnosed with fractures of the 2nd, 3rd and 4th cuneiforms. He sustained a Lisfranc fracture dislocation of the left foot and subsequently underwent left mid foot arthrodesis in 2010, hardware removal in 2011 and an epidural inclusion cyst excision in 2012. Chronic bilateral plantar fasciitis was noted, with left foot worsening since December 2013. Records indicated that orthotics, orthopedic shoes, interferential unit, and injections were denied. The 7/3/14 treating physician report cited continued foot symptoms. Foot exam documented a well-healed incision with pain along the mid-foot with enlargement and thickening of the area noted. Vascular status was within normal limits. Reflexes were symmetrical and 2+, gait was normal, muscle strength 5/5, and sensation was intact. There was pain with palpation over the medial and central bands of the plantar fascia, over the medial and lateral calcaneus, and at the origin of the plantar fascia. Symptoms increased significantly with activation of the windlass mechanism. There was pain with heel walking, heel standing, squatting and crouching. The patient had exhausted all conservative treatment with the exception of orthotics and surgery. Authorization of plantar fasciectomy of the left foot and functional biomechanical orthoses was requested. The 8/22/14 utilization review denied the request for plantar fasciectomy of the left foot as there was no documentation of conservative treatment failure, or clinical or diagnostic evidence of a surgical lesion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Plantar fasciectomy for the left foot: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines regarding surgery for plantar fasciitis

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

**Decision rationale:** The California MTUS does not provide recommendations for plantar fasciitis surgery. The Official Disability Guidelines recommend non-surgical management of plantar fasciitis. Surgical treatment, including surgical release of the first branch lateral plantar nerve, may be considered in only a small subset of patients with persistent, severe symptoms refractory to nonsurgical intervention for at least 6 to 12 months. Guideline criteria have not been met. The patient presented with a 7 month history of increased left plantar fasciitis symptoms. There is no evidence that conservative treatment has been undertaken, beyond activity modification. Evidence of 6 to 12 months of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. Therefore, this request is not medically necessary.

**Assistant surgeon: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.