

<b>Case Number:</b>	CM14-0168115		
<b>Date Assigned:</b>	10/15/2014	<b>Date of Injury:</b>	08/26/2011
<b>Decision Date:</b>	12/08/2014	<b>UR Denial Date:</b>	09/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2014

### 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:

57 year old female claimant with an industrial injury dated 08/26/11. Conservative treatments have included physical therapy, medication, stretching, modified work, arch supports, injections, and a home exercise program all in which provided little benefit. Exam note 08/19/14 states the patient returns with ongoing right foot pain. The patient describes a frequent stabbing pain located in both feet. The pain increases when the patient is ascending or descending on a staircase; lifting and bending as well. The patient rates the pain a 6/10. Upon physical exam the patient demonstrated instability due to the pain. There was evidence of pain and tenderness in the plantar aspect consistent with plantar fasciitis. The patient demonstrated pain with inversion and eversion of the ankle. X-rays of the right foot reveal prominent heel spur in the os calcaneus. Diagnosis is noted as chronic plantar fasciitis in the right foot. Exam note 09/05/14 states the patient returns with foot pain. The patient demonstrates a normal gait. The patient explains having ongoing symptoms in which prior x-ray supports. Treatment includes additional physical therapy sessions, and possible fascial release.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Associated Surgical Service: Physical therapy for the right foot 3 times per week for 4 weeks #12: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** CA MTUS/Chronic Pain Medical Treatment Guidelines, Physical Medicine, page 98-99 recommend the following for non-surgical musculoskeletal conditions, Physical Medicine Guidelines -Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks As the requested physical therapy of 12 visits exceeds the 9-10 visits, the determination is for non-certification.

**Treatment for possible fascial release:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints, Chronic Pain Treatment Guidelines.

**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, Surgery for plantar fasciitis

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of surgery for plantar fasciitis. Per the ODG Ankle and Foot, surgery for plantar fasciitis, plantar fascia release is reserved for a small subset of patients who have failed at least 6-12 months of conservative therapy. In this case there is insufficient evidence in the cited records from 8/19/14 to support plantar fascia release. Therefore the determination is for non-certification.