

<b>Case Number:</b>	CM14-0175147		
<b>Date Assigned:</b>	10/28/2014	<b>Date of Injury:</b>	08/04/2011
<b>Decision Date:</b>	12/04/2014	<b>UR Denial Date:</b>	09/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2014

### 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 Podiatric surgery and is licensed to practice in New York. 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 enclosed information the original date of injury for this patient was 8/4/2010 - 8/4/2011. On 3/24/2014 patient presents to her podiatrist with continued complaints of bilateral pain. Patient admits during this visit that during her court appearance there was some confusion as to whether patient had undergone proper conservative treatment for her plantar fasciitis. The podiatrist, during this visit, stated in no uncertain terms that patient has undergone numerous conservative treatments for her painful plantar fasciitis. These treatments have consisted of injection therapy x 3, orthotics, physical therapy, night splints, strappings, bracings, and other modalities. None of these conservative treatments have alleviated patient's pain to date. Because conservative treatments have not alleviated patient's pain, the current podiatrist is requesting surgical intervention including endoscopic plantar fasciotomy. Physical exam reveals severe symptoms in both feet at the plantar fascia. There is pain noted upon palpation to the medial and central bands of the plantar fascia. Symptoms increase with windlass mechanism. Pain is noted to the heels upon standing and walking crouching and squatting. Diagnoses include plantar fasciitis bilaterally, painful gait, metatarsalgia right foot. Again, surgical intervention including endoscopic plantar fasciitis is requested. On 7/14/2014 patient was again evaluated for bilateral foot pain. She admits to no relief of pain to her feet. Physical exam is essentially the same as above, and endoscopic plantar fasciotomy is requested bilaterally.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Plantar Fascia Release of both feet, right and left:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Surgery for Plantar Fasciitis

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374-375. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Procedure Summary - Ankle and Foot, Surgery for Plantar Fasciitis

**Decision rationale:** After careful review of the enclosed information and the pertinent guidelines for this case, the decision for plantar fascial release of both feet right and left is medically reasonable and necessary for this patient according to the guidelines. MTUS guidelines state that: Referral for surgical consultation may be indicated for patients who have: - 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- Clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. It is well documented in the podiatry progress notes that this patient has failed all conservative treatment plans for plantar fasciitis, and has been treated with these conservative treatment plans for many years. ODG guidelines state that surgical intervention may be considered in severe cases when other treatments fail. This is certainly the case for this patient. Therefore, this request is medically necessary.