

<b>Case Number:</b>	CM14-0122969		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	06/11/2011
<b>Decision Date:</b>	02/06/2015	<b>UR Denial Date:</b>	07/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/04/2014

### 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 Podiatrist 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 6/11/2011. Patient sustained numerous injuries including neck and upper back injuries. In November 2013 it was reported that patient was suffering with upper extremity numbness and neck pain. On 1/22/2014 there is a pr-2 note that states a diagnosis of plantar fasciitis and requests a plantar fasciotomy. While the note is largely illegible, I am almost positive that there is no description of prior treatment. The actual progress note from the state advises that patient demonstrates bilateral foot pain to the plantar fascia, and is currently ambulating with a walker. Physical exam reveals tenderness upon palpation to the plantar fascia medial and central bands. Pain is greatest on the right side. It is noted in this progress note that patient is using topical medication, a night splint, and OTC orthotics. The timeframe is not given. The progress note dated 3/19/2014 states that patient is still in pain R> L side. A progress note dated 5/14/2014 states that patient still having bilateral foot pain. He has undergone significant conservative treatment for plantar fasciitis including injection therapy x 3, night splints, orthotics, and physical therapy. This patient's physician feels that surgical intervention is warranted for this patient's heel pain and plantar fasciitis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Surgery of the right planter fascia release:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Ankle and Foot chapter.

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

**Decision rationale:** After careful review of the enclosed information and the pertinent MTUS guidelines for this case, it is my feeling that the decision for surgery of the right plantar fascia/plantar fascial release is medically reasonable and necessary for this patient at this time. It is well-established in the progress notes, especially the progress note dated May 2014, that this patient has significant bilateral heel pain and arch pain, a diagnosis of plantar fasciitis, with demonstration of unresponsiveness to conservative care including local steroid injections, orthotics, physical therapy, and a plantar fascia night splint. The MTUS guidelines state that: A 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. After evaluation of the enclosed progress notes, this patient did meet the above criteria therefore the request of plantar fascia release is medically necessary.