

<b>Case Number:</b>	CM14-0181669		
<b>Date Assigned:</b>	12/15/2014	<b>Date of Injury:</b>	05/12/2004
<b>Decision Date:</b>	01/15/2015	<b>UR Denial Date:</b>	10/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2014

### 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 Podiatry 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 this patient suffers with right foot arthritis as well as left knee pain and lower back pain. The original date of injury noted was 5/12/2004. The patient has undergone a pantalar arthrodesis to the right foot with ensuing right foot arthritis. The patient is also noted to have a history of tarsal tunnel syndrome. On 8/29/2013 patient was evaluated for right foot pain. The diagnoses include right mid-foot arthritis as well as tarsal tunnel syndrome. It was recommended that patient begin treatment with stiff functional orthotics as well as steroid injections to symptomatic areas. On 7/24/2014 the patient visited his physician and related continued pain to the right foot tarsal tunnel area which responded only moderately to local steroid injections. On 10/9/2014 a request for authorization of treatment was placed for this patient stating a diagnosis of right tarsal tunnel syndrome, and requesting "foot plantar fascial release."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 plantar fascia release:** Upheld

**Claims Administrator 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), Ankle & Foot (Acute & Chronic)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370,374-375.

**Decision rationale:** After careful review of the enclosed information and the pertinent guidelines for this case, it is my feeling that the decision for 1 plantar fascia release is not medically reasonable or necessary for this patient at this time according to the guidelines. On page 370 of Chapter 14 of the MTUS guidelines states that plantar fasciitis treatment includes a heel donut, soft supportive shoes, and rigid functional orthotics. There is no documentation that this patient has undergone these treatments. The guidelines go on to 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. Earlier, emergency consultation is reserved for patients who may require drainage of acute effusions or hematomas. Referral for early repair of ligament tears is controversial and not common practice. Repairs are generally reserved for chronic instability. Most patients have satisfactory results with physical rehabilitation and thus avoid the risks of surgery. If there is no clear indication for surgery, referring the patient to a physical medicine practitioner may help resolve the symptoms. There is no clear documented evidence in the progress notes that this patient underwent an exercise program to increase the range of motion and strength of the musculature around his foot and ankle to alleviate his plantar fasciitis pain. Furthermore there is no clear clinical and imaging evidence that this patient has plantar fasciitis. For this reason the request is not medically necessary.