

Case Number:	CM15-0007192		
Date Assigned:	01/22/2015	Date of Injury:	08/01/2014
Decision Date:	03/30/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	01/13/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Orthopedic Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 52 year old male, who sustained an industrial injury on August 1, 2014. He has reported cumulative trauma with injury to the right foot. The diagnoses have included plantar fasciitis with plantar fascial fibromatosis. Treatment to date has included orthotics, cortisone injection and medications. Currently, the IW complains of pain in both of his heels and arches. He was unable to stand or walk for more than one hour per day. He was noted to not be making progress with conservative care. Exam note 11/26/14 demonstrates ongoing complaints of pain in bilateral heels/arches without relief. Exam demonstrated tenderness over the plantar fascia and posterior tibial tendon bilaterally. On December 11, 2014, Utilization Review non-certified an outpatient surgical release of the plantar fascia, noting the California Medical Treatment Utilization Schedule Guidelines. On January 13, 2015, the injured worker submitted an application for Independent Medical Review for review of outpatient surgical release of the plantar fascia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Surgical Release of the Plantar Fascia Release Right Foot: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot (Acute & Chronic), 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, 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 11/26/14 to support plantar fascia release. Therefore the determination is for non-certification.