

Case Number:	CM15-0195105		
Date Assigned:	10/08/2015	Date of Injury:	08/30/2013
Decision Date:	11/18/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/05/2015

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, Oregon, Washington
 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 female, who sustained an industrial injury on 8-30-2013. The injured worker is undergoing treatment for foot and ankle sprain, plantar fasciitis. On 7-2-15, she reported right foot and ankle pain. She indicated going to the emergency approximately around 3-12-15 for left lower extremity sciatica and left sacroiliac joint pain. On 8-6-15, she reported pain to the right foot and ankle. Physical examination revealed bilateral subtalar and midtarsal joint pronation, with antalgic gait and limp, tenderness in the right foot, full strength and unrestricted range of motion of the right foot. On 8-11-15, she reported pain to the right lower extremity, ankle and foot. She indicated her pain is decreased with rest, ice and elevation. Physical examination revealed no tenderness, deformities, instability, subluxations, weakness, atrophy, or range of motion in the bilateral ankles and bilateral feet. The treatment and diagnostic testing to date has included shoe wear change, cortisone injections, and bracing, magnetic resonance imaging of the right foot and ankle (6-16-15), x-rays of the right foot and ankle (8-11-15), splint, immobilizer, and CAM walker. Current work status: temporarily totally disabled, modified duty. The request for authorization is for: foot surgery described as plantar fascial tear repair on the right foot and exploratory. The UR dated 9-25-2015: non-certified foot surgery described as plantar fascial tear repair on the right foot and exploratory.

IMR ISSUES, DECISIONS AND RATIONALES

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

Foot Surgery (Repair of the Plantar Fascial Tear in the Right Foot with Exploratory):
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Journal of Sports Medicine, 2004. Saxena and Fullem. Plantar fascia rupture in athletes.

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 8/11/15 of failed conservative management lasting 6-12 months to support plantar fascia release. Therefore, the determination is for non-certification.