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| Case Number: | CM15-0202220 | | |
| Date Assigned: | 10/19/2015 | Date of Injury: | 07/14/2000 |
| Decision Date: | 11/30/2015 | UR Denial Date: | 09/16/2015 |
| Priority: | Standard | Application Received: | 10/14/2015 |

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: Arizona

Certification(s)/Specialty: 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:

This is a 66 year old male with a date of injury of July 14, 2000. A review of the medical records indicates that the injured worker is undergoing treatment for plantar fasciitis, tendonitis of the posterior tibial tendon and Achilles tendon secondary to compensation, talotarsal dislocation, and equinus foot deformity. Medical records dated June 29, 2015 indicate that the injured worker complained of right heel pain rated at a level of 6 to 7 out of 10. A progress note dated August 17, 2015 documented complaints of continued severe pain rated at a level of 7 to 8 out of 10. The physical exam dated June 29, 2015 reveals notable pain to palpation to the medial calcaneal tubercle region of the right heel as well as pain coursing along the posterior aspect of the Achilles tendon region with notable signs of exostosis, notable pain with dorsiflexion and plantar flexion of the ankle joint, decreased medial arch and early heel lift with ambulation, and an apropulsive gait. The progress note dated August 17, 2015 documented a physical examination that showed findings similar to those seen in the examination on June 29, 2015, with increased range of motion of the subtalar joint consistent with talotarsal dislocation. Treatment has included orthotics, injections, and topical medications. The physician documented magnetic resonance imaging results that showed notable thickening of the plantar fascia consistent with signs of plantar fasciitis. The original utilization review (September 16, 2015) non-certified a request for an endoscopic plantar fascia release.

IMR ISSUES, DECISIONS AND RATIONALES

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

Endoscopic plantar fasciitis 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 (ODG), Ankle & Foot - Surgery for plantar fasciitis.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Endoscopic Plantar Fasciotomy: A Minimally Traumatic Procedure for Chronic Plantar Fasciitis. Ochsner J. 2000 Jul; 2 (3): 175-178.

Decision rationale: Endoscopic plantar fasciotomy (EPF) is a minimally invasive and minimally traumatic surgical treatment for the common problem of chronic plantar fasciitis. This procedure is indicated only for the release of the proximal medial aspect of the fascia in cases that do not respond to aggressive conservative, nonsurgical treatment. EPF is recommended as the procedure of choice when conservative treatment measures have been exhausted. Although most cases respond to 4-6 months of conservative nonsurgical treatment, 10-15% require surgery. If aggressive conservative treatment for plantar fasciitis fails and surgery is indicated, the endoscopic approach is superior to conventional open procedures and significantly minimizes surgical trauma resulting in an earlier return to regular activities with fewer complications. This patient appears to have plantar fasciitis based on the podiatry evaluation that has not responded to an adequate trial of nonoperative measures. Therefore, endoscopic plantar fascial release is medically necessary and appropriate. The prior utilization review is overturned.