

Case Number:	CM15-0028648		
Date Assigned:	02/20/2015	Date of Injury:	01/07/2014
Decision Date:	04/07/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/17/2015

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 50 year old female who sustained an industrial injury on 1/7/14. The injured worker reported symptoms in the left lower extremity. The diagnoses included ankle sprain, pain in limb and plantar fasciitis. Treatments to date include activity modifications, walking brace, and injections. In a progress note dated 1/13/15 the treating provider reports the injured worker was with "chronic plantar fasciitis of left lower extremity antalgic gait, and tender at the proximal fascia through the medial and central slip." On 1/22/15 Utilization Review non-certified the request for outpatient left foot plantar fasciotomy. The California Medical Treatment Utilization Schedule was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Left Foot Plantar Fasciotomy: 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) Treatment in Workers' Comp, Foot and Ankle Chapter- Surgery for Plantar Faciitis.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 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 of failed conservative management in the cited records from 1/13/15 to support plantar fascia release. Therefore the determination is for non-certification.