

<b>Case Number:</b>	CM15-0040163		
<b>Date Assigned:</b>	03/10/2015	<b>Date of Injury:</b>	07/01/2008
<b>Decision Date:</b>	04/13/2015	<b>UR Denial Date:</b>	02/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2015

### 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: New York

Certification(s)/Specialty: Podiatrist

### 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 53 year old male, who sustained a work/industrial injury on 7/1/06. He has reported initial symptoms of left knee and feet pain. The injured worker was diagnosis as having left knee meniscal tear and plantar fasciitis. Treatments to date included medication, stretching exercises, and prior left plantar fascia release, meniscectomy, and carpal tunnel surgery. Currently, the injured worker complains of severe pain in both heels. The treating physician's report (PR-2) from 1/6/15 indicated that pulses are 2/4 bilateral feet. There was pain with palpation of the medial border of the heels with limited dorsiflexion bilaterally. On monofilament exam, he failed two 10 tested sites. He was a diabetic. Treatment plan was to order Norco for pain, diabetic shoes and orthotics and left endoscopic plantar fascia release and full length orthotics.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Endoscopic fascia release, Left foot per (01/06/15): 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 , 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 (ODG) procedure summary-Ankle and Foot surgery for plantar fasciitis, pg 44-45.

**Decision rationale:** According to the enclosed information, this patient was recommended to undergo a left endoscopic plantar fasciotomy on 1/6/2015 for left heel pain. The progress notes state that the pt has not responded to stretching, but there is no detail as to what kind of stretching or the length of the stretching program. There is no other mention of conservative care for the patient's plantar fasciitis. After careful review of the enclosed information and the pertinent ODG guidelines for this case, it is my feeling that the requested endoscopic plantar fasciotomy left side is not medically reasonable or necessary for this patient at this time. ODG guidelines, page 44, advises on surgery for plantar fasciitis. The document advises that surgery is not recommended except as indicated below. Generally, surgical intervention may be considered in severe cases when other treatment fails. In general, heel pain resolves with conservative treatment. In recalcitrant cases, however, entrapment of the first branch lateral plantar nerve should be suspected. Surgical release of this nerve can be expected to provide excellent relief of pain and facilitate return to normal activity. Nonsurgical management of plantar fasciitis is successful in approximately 90% of patients. Surgical treatment is considered in only a small subset of patients with persistent, severe symptoms, refractory to nonsurgical intervention for at least 6 to 12 months.