

Case Number:	CM15-0056781		
Date Assigned:	04/01/2015	Date of Injury:	10/02/2001
Decision Date:	05/01/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	03/25/2015

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 (IW) is a 52-year-old female who sustained an industrial injury on 10/02/2001. She reported a low back injury. The injured worker was diagnosed as having status post (s/p) lumbosacral fusion with moderate L3-L4 degenerative disc disease and progressive neurologic decline; s/p right tarsal tunnel release 11/14/14; s/p repair of lateral ligaments in the right ankle; s/p repair of the peroneal tendons in the right ankle, painful internal fixation, tarsal tunnel syndrome, electromyography-confirmed; plantar fasciitis, right foot; Achilles tendon injury; painful gait. Treatment to date has included surgery, physical therapy and medications. Currently, the injured worker complains of pain in the plantar fascia. Treatment plans include physical therapy, orthotics and a request for surgical intervention. A request for authorization is made for plantar fascia release of the right foot.

IMR ISSUES, DECISIONS AND RATIONALES

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

Plantar fascia release of the 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), Foot & Ankle Chapter, 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.

Decision rationale: After careful review of the enclosed information and the pertinent ODG guidelines for this case, it is my feeling that the request for a plantar fascia release is not medically reasonable or necessary for this patient at this time. The most recent MRI noted in the podiatry chart notes reveals tendinosis of the peroneal brevis and longus tendons, postsurgical changes of the surrounding soft tissue, degenerative changes to the anterior calcaneus and calcaneal cuboid joint, and small posterior subtalar joint effusion. There is no mention of plantar fasciitis or changes in the proximal plantar fascia. ODG guidelines state that surgery for plantar fasciitis is not recommended except in certain circumstances. Generally, surgical intervention may be considered in severe cases when other treatments fail. There is no documentation that other treatments have failed for this patient's plantar fasciitis.