

<b>Case Number:</b>	CM14-0160483		
<b>Date Assigned:</b>	10/06/2014	<b>Date of Injury:</b>	06/05/2008
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	08/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2014

### 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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in New York. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient has chronic complaints of left foot plantar fasciitis and pain. She continues to have difficulty with ambulation and weight bearing. She uses a cane for walking. She has had previous right-sided plantar fascial release surgery. On physical examination, she has painful gait. She has pain with heel walking heel standing squatting crouching located to the heel. The patient reported improvement with right-sided plantar fascial release surgery. At issue was whether left-sided plantar fascial release surgeries medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Outpatient Plantar Fasciectomy of The Left Foot: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MTUS Foot and Ankle Chapter, Official Disability Guidelines Foot Chapter

**Decision rationale:** This patient does not meet establish criteria for Left Foot Plantar Fascial Release Surgery. Specifically, the medical records do not document that the patient has exhausted conservative measures for Left Foot Plantar Fascia Release Surgery. The patient has

not had significant attempts at conservative measures for left foot plantar fasciitis. The medical records do not document an adequate trial and failure of conservative measures to include physical therapy for heel cord stretching. The medical records do not document injection therapy in the results of the injection therapy in the left plantar fascia. In addition, the patient had an MRI of the left ankle and foot in February 2014 that does not document severe plantar fascial disruption or fasciitis. The MRI documents only mild chronic Plantar Fasciitis with a calcaneal heel spur. Criteria for left plantar fascial release not met.