

<b>Case Number:</b>	CM14-0214277		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	09/29/2014
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	11/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/22/2014

### 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. 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, Sports Medicine

### 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 44-year-old male who reported an injury on 09/29/2014. The mechanism of injury was not provided. The injured worker has a history of knee and foot pain. On 11/26/2014, the injured worker was seen for right foot pain. The injured worker complained of knee pain. His current pain level was a 5/10. The symptoms included cracking, popping, swelling, tenderness, and painful walking. Upon examination, there was decreased flexion at the knee. There was a positive patellar grind, a positive medial McMurray's test, and a positive lateral McMurray's test. The treatment plan included starting acetaminophen/codeine 300/30 mg tablet 1 to 2 tabs at bedtime as needed. The injured worker was on modified work activities. His diagnoses included calcaneal spur, contusion of foot, and patellar strain. The Request for Authorization was dated 11/19/2014. On 11/07/2014, the injured worker was seen for left knee pain. The injured worker described the pain as 5/10. Symptoms were unchanged. There was a popping sound with stiffness, swelling, and tenderness. There was decreased weight bearing and painful walking. The physical exam showed swelling and mild lateral patella swelling, slightly decreased flexion, and a positive McMurray's test. The injured worker is a smoker. On 10/10/2014, a physical therapy note indicated the injured worker should continue therapy per the treatment plan. The request is for right foot instep plantar fasciotomy and postoperative 2 times a week for 4 weeks for 8 visits. The Request for Authorization is dated 11/19/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Foot Instep 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)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ankle and Foot. Page(s): 375. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot, Surgery for plantar fasciitis.

**Decision rationale:** The request for right foot instep plantar fasciectomy is not supported. The injured worker has a history of foot and knee pain. The California MTUS/ACOEM Guidelines state surgery should not be performed for cosmetic purposes because surgery complications such as infection can worsen appearance and a good functional result is the goal of treatment. The ODG state that surgery for plantar fasciitis is not recommended except for severe cases when other treatment fails. The medical records submitted for review did not support the medical necessity for the request. Smoking should be addressed prior to surgical intervention. Nonsurgical management of plantar fasciitis is successful in approximately 90% of patients. Surgery is for severe symptoms past 6 to 12 months of nonsurgical intervention. The injured worker should continue conservative care before considering surgery. As such, the request is not medically necessary.

**Post-Op Physical Therapy 2 Times A Week for 4 Weeks (8 Visits): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot, Physical therapy post-operative.

**Decision rationale:** The request for postoperative 2 times a week for 4 weeks (8 visits) is not supported. The injured worker has a history of knee and foot pain. The ODG state that post-op physical therapy allows for 10 visits over 5 weeks. Since the request for the fasciectomy is not medically necessary, postoperative physical therapy is not considered medically necessary.