

<b>Case Number:</b>	CM15-0114739		
<b>Date Assigned:</b>	06/23/2015	<b>Date of Injury:</b>	06/23/2004
<b>Decision Date:</b>	07/24/2015	<b>UR Denial Date:</b>	06/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/15/2015

### 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: Illinois, California, Texas  
 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 38-year-old female who sustained an industrial injury on 6/23/04. Injury occurred while she was working as a teacher's aide and fell off a bus. Past surgical history was positive for right ankle lateral ligament reconstruction on 2/5/05, right heel endoscopic plantar fascial release and gastrocnemius muscle release on 4/21/10, and right ankle arthroscopy and debridement on 6/12/12. Additional surgeries included L5/S1 posterior spinal fusion, right hip arthroscopic labral debridement, left knee arthroscopy and debridement, and spinal cord stimulator implant and replacement. The injured worker was diagnosed with complex regional pain syndrome (CRPS) right leg, and was treated with lumbar sympathetic blocks on 4/14/15. The 4/29/15 treating podiatry report cited grade 1-2/10 right heel pain at rest and 5-6/10 with any repetitive weight bearing activities. A lumbar sympathetic nerve block had confirmed the diagnosis of CRPS, however her nociceptive right heel pain was not changed by the sympathetic nerve block. Physical exam documented moderate tenderness to the lateral gutter and sinus tarsi region, and 2+ inversion stress with negative anterior stress consistent with inversion instability. There was moderate to severe tenderness over the plantar medial aspect of the right heel at the origin of the plantar fascia extending into the medial arch. There was 4/5 muscle weakness in the right ankle evertors. There was some allodynia to the dorsal aspect of the right foot, and some discoloration. The right foot was somewhat colder than the left. There were signs of resolving right lower leg and foot cellulitis. There was increased sensation in the sural nerve and superficial peroneal nerve distribution. The diagnosis included recurrent posttraumatic arthrofibrosis/synovitis right ankle with lateral impingement lesion, chronic plantar fasciosis

right foot status post endoscopic plantar fasciotomy, sural nerve entrapment right leg, and CRPS/reflex sympathetic dystrophy. The injured worker had undergone endoscopic plantar fasciotomy several years ago which did not decrease her plantar fasciitis symptoms. Authorization was requested for percutaneous fasciectomy left foot with ultrasound guidance and needle placement. The 6/9/15 utilization review non-certified the request for percutaneous fasciectomy left foot with ultrasound guidance and needle placement as the injured worker had an endoscopic fasciotomy that did not relieve her symptoms and it was medically unlikely that repeating the same procedure through a different technique would relieve her symptoms as there were more causes to heel and arch pain than plantar fasciitis.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Percutaneous Fasciectomy Left Foot with Ultrasound Guidance and Needle Placement.:**

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) Ankle and Foot, Surgery for plantar fasciitis.

**Decision rationale:** The California MTUS does not provide surgical recommendations for plantar fasciitis. The Official Disability Guidelines recommend non-surgical management of plantar fasciitis. Surgical treatment may be considered in only a small subset of patients with persistent, severe symptoms refractory to nonsurgical intervention for at least 6 to 12 months. Guideline criteria have not been met. This injured worker has multiple right lower leg/foot issues including current cellulitis, inversion instability, reflex sympathetic dystrophy, and plantar fasciitis. There is no documentation of left foot complaints or exam findings. Previous right foot plantar fasciectomy was reported as unsuccessful. There is no detailed documentation that recent comprehensive conservative treatment, including injections, had been tried and failed. Therefore, this request is not medically necessary.