

<b>Case Number:</b>	CM15-0120718		
<b>Date Assigned:</b>	07/01/2015	<b>Date of Injury:</b>	07/09/2013
<b>Decision Date:</b>	07/30/2015	<b>UR Denial Date:</b>	06/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/22/2015

### 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: California, Indiana, Oregon  
 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:

This is a 28 year old female with a July 9, 2013 date of injury. A progress note dated April 15, 2015 documents subjective complaints (right lower extremity pain), objective findings (continued pain around the right tarsal tunnel area with mild scar tissue under the skin; tight gastroc complex with the right foot in a neutral position and the right knee extended; decreased range of motion; antalgic gait; right leg possibly and eighth of an inch shorter than the left side; very sensitive scar at the tarsal tunnel and right medial heel spur surgery areas), and current diagnoses (neuritis; scar tissue/fibrosis; pain in limb; tarsal tunnel syndrome; gastroc equinus; limb length discrepancy). Treatments to date have included right tarsal tunnel release and plantar fasciotomy with heel spur excision that was not successful; physical therapy, nerve conduction study, and medications. The treating physician documented a plan of care that included possible revisional Tarsal Tunnel release, revisional plantar fasciotomy, scar tissue excision, gastrocnemius recession, and extracorporeal shockwave therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Extracorporeal shockwave therapy (x3-5): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, <http://www.odg-twc.com/>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ankle.

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of shock wave therapy in the foot. ODG ankle is referenced. It is recommended for recalcitrant plantar fasciitis (failed more than 6 months of standard treatment). At least 3 conservative measures should be tried first including rest, ice, NSAIDs orthotics, PT and injections. Although this could be recommended for the foot in this case, there is no specification of the body site for use and the request is therefore not medically necessary.

**Possible revisional Tarsal Tunnel release, revisional plantar fasciotomy, scar tissue excision, gastrocnemius recession (sic): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374, table 14-6. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 5th edition regarding surgery for plantar fasciitis. Wheeler's textbook of Orthopedics ([www.wheelerssonline.com](http://www.wheelerssonline.com)).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) foot.

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of surgery for plantar fasciitis. Per the ODG Ankle and Foot, surgery for plantar fasciitis, plantar fascia release is reserved for a small subset of patients with severe fasciitis who have failed at least 6-12 months of conservative therapy. In this case the MRI 3/12/14 shows only mild disease. Based on this the request is not medically necessary.