

Case Number:	CM15-0170417		
Date Assigned:	09/10/2015	Date of Injury:	02/13/2013
Decision Date:	10/08/2015	UR Denial Date:	07/31/2015
Priority:	Standard	Application Received:	08/28/2015

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, Oregon, Washington
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 51-year-old female who presented with an industrial injury on December 13, 2013 of bilateral heel pain. Diagnosis is plantar fasciitis, left greater than right. Documented treatment includes 3 unspecified injections in the left heel and one in the right with "limited benefit" per April 21, 2015 physician's note; orthotics; home exercise; anti-inflammatory; rest; and, on June 29, 2015 she underwent an endoscopic plantar fasciotomy of the left foot. Initially, the request had been for bilateral endoscopic plantar fasciotomy, but only the left foot was approved stating response should be monitored before proceeding with the right foot. The injured worker continues to complain of right heel pain, especially when walking or standing. She is still working. The treating physician's plan of care includes a right total endoscopic plantar fasciotomy. This request was modified on July 31, 2015 to conservative treatment following a peer-to-peer discussion with the prescribing physician who is noted to have reported that the injured worker has shown improvement from the first surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

EPF endoscopic 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Ankle and Foot, surgery for plantar fasciitis.

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 who have failed at least 6-12 months of conservative therapy. In this case, there is insufficient evidence in the cited records from 4/21/15 to support plantar fascia release. Therefore, the determination is not medically necessary.