

Case Number:	CM15-0179421		
Date Assigned:	09/21/2015	Date of Injury:	02/11/2014
Decision Date:	10/23/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/11/2015

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, New York
Certification(s)/Specialty: Podiatrist

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 36-year-old male who sustained an industrial injury on 2-11-2014. A review of medical records indicates the injured worker is being treated for plantar fasciitis, equinus deformity, and pain in limb. Medical records dated 8-20-2015 noted continued pain in both heels with occasional Achilles pain. Physical examination noted pain on palpation to the medial tubercle of bilateral calcaneus and along medial band of the plantar fascia. There was reduced dorsiflexion at the ankle with the knees extended and with the knee flexed. Tightness of the Achilles was noted. There was reduction in the medial longitudinal arch height with abduction of the forefoot. Treatment has included 24 weeks of physical therapy, 2 pair of orthotics, steroid (oral and injection) therapy without help. Treatment also included anti-inflammatories. Utilization review noncertified 1 endoscopic plantar fasciotomy, bilateral feet and 12 postoperative physical therapy sessions for the bilateral feet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Endoscopic plantar fasciotomy for the bilateral feet: Upheld

Claims Administrator guideline: Decision based on MTUS Ankle and Foot Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Medical History, Physical Examination, Diagnostic Criteria, Physical Methods, Special Studies, Surgical Considerations. Decision based on Non-MTUS Citation American Academy of Orthopaedic Surgeons and American Academy of Pediatrics (2010). Plantar fasciitis. In JF Sarwark, ed., *Essentials of Musculoskeletal Care*, 4th ed., pp. 839-844. Rosemont, IL: American Academy of Orthopaedic Surgeons and on the Digiovanni BF, et al. (2006). Plantar fascia-specific stretching exercise improves outcomes in patients with chronic plantar fasciitis. A prospective clinical trial with two-year follow-up. *Journal of Bone and Joint Surgery*, 88(6): 1775-1781 and on the Dente CJ, Wyrzykowski AD, Feliciano DV (October 2009). "Fasciotomy". *Current Problems in Surgery* 46 (10): 779-839. doi:10.1067/j.cpsurg.2009.04.006. PMID 19735797. Retrieved 2012-07-30.

Decision rationale: Plantar fasciitis responds very well to non-surgical management. By MTUS guidelines failure of orthotic therapy and physical medicine as directed, is to precede surgical intervention. A failure of exercise programs for this injured worker is not substantiated. The Patient Record: 8/10/15, indicates the injured worker was non-compliant with physical therapy. Orthotic management for plantar fasciitis is endorsed by the MTUS guidelines and many types of devices are recommended. The record of: 8/10/15, indicates orthosis failed by reason of a shallow heel cup. The type of device is not specified. There is no indication, if the orthosis were correctable, to achieve a positive outcome. There is no evidence that alternative orthotic devices were considered or applied. No mention is made in the record of the patient being clinically obese. Obesity being significant in the development and treatment of plantar fasciitis. No diagnostic evidence of a lesion shown to benefit from surgical repair has been provided. The record does not demonstrate a full application of supported treatment. The request for bilateral, endoscopically guided, plantar fasciotomy is not medically necessary.

Post-operative physical therapy for the bilateral feet (12-sessions): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.