

Case Number:	CM13-0016883		
Date Assigned:	01/15/2014	Date of Injury:	04/08/2011
Decision Date:	03/28/2014	UR Denial Date:	08/02/2013
Priority:	Standard	Application Received:	08/26/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 37-year-old male who reported an injury on 04/08/2001 a 500-600 pound piece of heavy equipment fell on the patient's foot. The patient was diagnosed with second, third and fifth metatarsal fractures. The patient's left foot and ankle were immobilized. This was followed by physical therapy and injections. The patient underwent an agreed medical evaluation that documented there was no evidence of plantar fasciitis or tarsal tunnel syndrome upon examination. The patient underwent an EMG in 05/2013 stated that "This study demonstrates chronic neuropathic changes in the left extensor digitorum brevis and mild prolongation of the left superficial peroneal nerve. These findings are indicative of a focal neuropathy of the peroneal nerve most likely at or below the ankle given that the left anterior tibialis and peroneus longus are not involved. There is no electrodiagnostic evidence of tibial neuropathy, plexopathy or radiculopathy in the left lower extremity." The patient's most recent clinical evaluation documented that the patient's pain had failed to respond to physical therapy, medications, and injections. The patient also underwent an MRI of the left foot in 05/2013 that did reveal healed fractured deformities; however, the study did not find any other abnormalities. The patient's most recent clinical evaluation revealed full weight bearing on the left lower extremity with no evidence of edema or tenderness to palpation along the medial or lateral ligamentous structures or medial or lateral malleoli. The patient had slightly decreased range of motion of the left ankle described as 45 degrees in plantar flexion, 15 degrees in dorsiflexion, 15 degrees in inversion and eversion and 5 degrees in subtalar motion. It was also noted that the patient had a negative valgus stress and varus stress test, negative drawer test, and negative talar tilt. Evaluation of the patient's left foot revealed tenderness to the dorsal foot, range of motion within normal limits. The patient's diagnoses included left foot pain status post healed fractures, chronic pain, lumbar radiculopathy, lumbar sprain/strain. The patient's treatment plan included continuation of

medications, instruction in a home exercise program, and referral to a podiatrist regarding a second opinion for surgical intervention.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left foot surgery- release of posterior tibial nerve, medical calcaneal and medial plantar nerves, lateral plantar nerve release, plantar fascia tenotomy topaz, gastroc resection of left foot as an outpatient procedure: Upheld

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

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 Chapter, Surgery for tarsal tunnel syndrome.

Decision rationale: The requested left foot surgery- release of posterior tibial nerve, medical calcaneal and medial plantar nerves, lateral plantar nerve release, plantar fascia tenotomy topaz, gastroc resection of left foot as an outpatient procedure as an outpatient procedure is not medically necessary or appropriate. Official Disability Guidelines do recommend the use of surgical intervention for talar tunnel syndrome when patients have failed to respond to conservative treatment. However, the clinical documentation does not consistently identify that the patient has talar tunnel syndrome. The patient's EMG In 05/2013 did not specifically identify nerve entrapment of the tibial nerve. Additionally, the patient's MRI does not provide any evidence of a lesion that would benefit from surgical intervention. The documentation also notes that a recommendation was made for a second opinion for surgical intervention as there are inconsistent findings with the patient's clinical presentation and diagnostic studies. Results of that second opinion were not provided for review. Therefore, the need for surgical intervention cannot be clearly determined. As such, the requested left foot surgery- release of posterior tibial nerve, medical calcaneal and medial plantar nerves, lateral plantar nerve release, plantar fascia tenotomy topaz, gastroc resection of left foot as an outpatient procedure is not medically necessary or appropriate.

New orthotics- for forefoot valgus: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Online Treatment Guidelines, <http://odg-twc.com/odgtwc/ankle.htm>.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): s 376-377.

Decision rationale: The requested new orthotics for the forefoot valgus is not medically necessary or appropriate. The clinical documentation does indicate that the patient has previously received orthotics. American College of Occupational and Environmental Medicine

do recommend the use of orthotics for management of pain related to plantar fasciitis. The clinical documentation submitted for review does indicate that the patient has a diagnosis of plantar fasciitis with persistent heel pain. However, the patient was previously treated with orthotics there is no documentation of the need for additional orthotics. As such, the requested new orthotics for forefoot valgus is not medically necessary or appropriate.