

Case Number:	CM13-0021538		
Date Assigned:	12/11/2013	Date of Injury:	08/01/1997
Decision Date:	01/17/2014	UR Denial Date:	08/15/2013
Priority:	Standard	Application Received:	09/09/2013

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 Podiatry 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 68-year-old female who reported an injury on 08/01/1997. The patient is noted to have undergone a subtalar joint fusion in 2001 and approximately a year later the pins were removed. The patient is reported to have been evaluated by [REDACTED] on 01/14/2013 and the patient reported she had been really uncomfortable ever since the pin removal. She reported she told the surgeon right away that the foot was burning in nature, had a lot of discomfort on the top and side of the foot, and there was always deeper pain. She was also concerned about the position the foot was put into. She is reported at that time to feel very frustrated and felt like she had been neglected and had suffered for the past 10 years. The patient is noted to use Norco as needed, Nexium, Effexor, and Topamax. On physical examination, the patient was noted to have a fairly collapsed foot on the left side with significant sensitivity to palpation over the lateral hindfoot and the dorsum of the foot. There were very well-healed incisions at the level of the lateral calcaneus at the subtalar joint and also in the dorsal aspect of the foot. There was a moderate amount of pain to palpation at the anterior ankle, as well as the talonavicular and medial column joint. Superficial and deep palpation was very painful. She stood moderately pronated with the heel valgus which was significant, as well as the navicular tuberosity which was prominent. X-rays were reported to show significant arthritis of the talonavicular joint, as well as the medial column joints. The patient had subtalar fusion with severe talar declination and fusion in the moderate valgus position of her hindfoot. There was fairly a clear dorsal medial ankle joint, but the lateral joint appeared to be narrowed and impinging on the oblique views. It was felt on that date an intermediate dorsal cutaneous nerve and sural nerve injection were improved and the patient reported she was dramatically better immediately an

IMR ISSUES, DECISIONS AND RATIONALES

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

left foot resection of ICDN and dural nerves with muscle replacement: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Library of Medicine, "Dorsomedial cutaneous nerve syndrome: treatment with nerve transaction and burial into bone".

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle & Foot, Surgery of peroneal nerve dysfunction.

Decision rationale: Official Disability Guidelines recommend surgery for peroneal nerve dysfunction after treatment including avoiding activities that made the pain worse, steroid injections, and notes in general if symptoms persist for longer than 3 months despite conservative measures, surgery is an option. However, there is no indication of electrodiagnostic has been performed to confirm entrapment of the nerves or entrapment of the dorsal cutaneous nerve or the sural nerve and as such, the requested surgery cannot be certified. The request for a left foot surgical procedure is not medically necessary and appropriate.