

Case Number:	CM13-0025168		
Date Assigned:	11/20/2013	Date of Injury:	02/17/2004
Decision Date:	01/30/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	09/16/2013

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 Podiatric Surgery, and is licensed to practice in New York. 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 initial date of injury was February 2004. The patient was seen multiple times after the accident and underwent foot/ankle arthroscopic surgeries. The patient continued to have right foot pain as well as knee pain. During one of the more recent visits to his doctor, this patient was seen on July 11, 2012 for a second re-evaluation of pain and tingling to the medial right foot, pain rated as 9/10. Sensory testing was noted to be abnormal right foot (vibratory perceptive thresholds), with a positive Tinel's sign over the tarsal tunnel right side. (testing does not appear to be electrodiagnostic testing) A diagnosis of "possible tarsal tunnel" was made. (█). (█). On 6-27-2013 the patient was again seen for evaluation of his right foot. (█). (█) He relates numbness and burning radiating to the medial aspect of the right foot. An MRI demonstrates an anterior midfoot ganglion cyst. It is noted that the patient has used orthotics in the past and is currently in need of new ones. A diagnosis of tarsal tunnel syndrome is noted, and a tarsal tunnel exploration is recommended by (█). Continuation of NSAIDS, pain medication, and pool therapy is also recommended. On August 8th the patient was again seen for continued right foot pain. Pain is still present. Awaiting approval of tarsal tunnel exploration.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for Tarsal tunnel exploration of the right foot: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 377. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), foot section.

Decision rationale: After careful review of the enclosed information and the MTUS guidelines involved in this case, it is my feeling that a tarsal tunnel exploration for this patient is not medically necessary at this time. There is no evidence in this case that the patient underwent electrodiagnostic studies to confirm that he indeed suffers with tarsal tunnel syndrome right side. He does have clinical evidence of tarsal tunnel syndrome, including a positive Tinel's sign right side. Page 377 of Chapter 14 of the MTUS guidelines states that electrical studies for routine foot and ankle problems without clinical evidence of tarsal tunnel syndrome or other entrapment neuropathies is not recommended. This patient, however, does have clinical evidence of tarsal tunnel syndrome, so one may infer that electrodiagnostic studies are recommended for evaluation of tarsal tunnel syndrome. Furthermore, the ODG guidelines state that in order for a patient to undergo surgery for tarsal tunnel syndrome, there must be a positive electrodiagnostic study.