

<b>Case Number:</b>	CM13-0040921		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	11/12/2012
<b>Decision Date:</b>	03/11/2014	<b>UR Denial Date:</b>	10/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2013

### 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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 39-year-old female who reported an injury on 11/12/2012. The patient is diagnosed with left ankle joint pain, left Achilles tendinitis, pain in a limb, and left tarsal tunnel syndrome. The patient was seen by [REDACTED] on 09/27/2013. The patient reported numbness to the sole of the foot as well as over the Achilles tendon posteriorly to the heel. Physical examination revealed a severely antalgic gait, tenderness to palpation of the Achilles tendon insertion site, positive Tinel's to the left tarsal tunnel, and normal dermatological evaluation. Treatment recommendations included continuation of Lidoderm patches and a request for tarsal tunnel release to the left foot.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**A tarsal tunnel release procedure for the left foot:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 374. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot Chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374-375. Decision based on Non-MTUS Citation ODG, Ankle & Foot Chapter, Surgery for tarsal tunnel syndrome.

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state referral for surgical consultation may be indicated for patients who have activity limitation for more than 1 month without signs of functional improvement, failure of exercise programs to increase range of motion and strength, and clear clinical and imaging evidence of a lesion that has been shown to benefit from surgical repair. The ODG state that surgery for tarsal tunnel syndrome is recommended after conservative treatment for at least 1 month. Patients with clinical findings and positive electrodiagnostic studies of tarsal tunnel syndrome warrant surgery when significant symptoms do not respond to conservative management. As per the documentation submitted, there were no electrodiagnostic studies submitted for review. The patient's physical examination only revealed tenderness to palpation with positive Tinel's testing. The patient's latest x-ray of the left foot was documented on 06/10/2013 and indicated normal findings. The patient's MRI of the left lower extremity was completed on 03/20/2013, which indicated mild Achilles tendon insertional paratendinitis and mild tenosynovitis of the medial flexor tendons. There is no documentation of a failure to respond to conservative treatment, including injection therapy and medication management. The medical necessity for the requested surgical procedure has not been established. Therefore, the request is non-certified.