

Case Number:	CM13-0049941		
Date Assigned:	12/27/2013	Date of Injury:	08/13/2009
Decision Date:	02/28/2014	UR Denial Date:	08/07/2013
Priority:	Standard	Application Received:	11/08/2013

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 Pain Management, has a subspecialty in Disability Evaluation and is licensed to practice in California, District of Colombia, Florida and Maryland. 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 56 year old injured worker, with a stated date of injury of 08/13/2009. In the progress report dated 10/14/2013 noted that he is status post total ankle arthroplasty. He has significant tarsal tunnel syndrome. There is numbness on the plantar aspect of his foot which is causing him to have a gait abnormality which is subsequently causing problems in his knee which he is being referred to [REDACTED] for Tarsal tunnel syndrome has been ongoing for several months and his symptoms are worsening. His surgery has been denied up to this point.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tarsal release of the right ankle: 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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Tarsal Tunnel Syndrome, page(s) 337 and the Official Disability Guidelines (ODG)

Decision rationale: With respect to tarsal tunnel release of the right ankle surgery requested, the procedure did not meet the guideline criteria. Evidence based guidelines necessitate documentation of clinical findings and positive electrodiagnostic studies of tarsal tunnel syndrome when significant symptoms do not respond to conservative management for at least one month to support the medical necessity of surgery for tarsal tunnel syndrome. Although there is documentation of clinical findings of tarsal tunnel syndrome that have not responded to conservative management for at least one month. However, there is no documentation of positive electrodiagnostic studies of tarsal tunnel syndrome. Therefore, the requested tarsal tunnel release of the right ankle is not medically necessary and appropriate.