

<b>Case Number:</b>	CM13-0053793		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	02/16/2010
<b>Decision Date:</b>	09/05/2014	<b>UR Denial Date:</b>	11/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgeon, Sports Medicine 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 expert 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 02/16/2010. The patient reportedly suffered a crush injury to bilateral feet after being pinned under a client's wheelchair. The patient is currently diagnosed with foot pain and lesion of the sciatic nerve. A Request for Authorization was submitted on 10/31/2013 by [REDACTED], requesting surgery to the left foot with post-operative treatment. However, there is no progress reports by [REDACTED] submitted for this review. The patient was recently seen by [REDACTED] on 12/12/2013. The patient reported persistent left foot pain. The patient reported improvement in symptoms with use of an H-Wave stimulator device and the current medication regimen. It was noted that the patient had been denied tarsal tunnel release with [REDACTED]. Physical examination revealed bluish discoloration of the left foot with temperature asymmetry, moderate tenderness to palpation, muscle spasm, mild swelling, and hyperalgesia. Treatment recommendations included continuation of current medications. It was also noted that the patient was appealing the denial of her surgical procedure.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tissue graft Qty: 1:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374-375. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot Chapter, 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 of the musculature around the ankle and foot, and clear clinical and imaging evidence of a lesion that has been shown to benefit from surgical repair. There was no physician progress report submitted by the requesting physician. There is also no documentation of a failure to respond to recent conservative treatment. Additionally, the surgical codes requested are not customarily part of a tarsal tunnel decompression. The medical rationale for the CPT codes 20926, 28240, 28060, 64450 and 73610 has not been provided. The medical necessity for tissue grafts has not been justified. Based on the clinical information received, the request is non-certified.

**Neuroplasty of major peripheral nerve Qty: 1: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374-375. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot Chapter, 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 of the musculature around the ankle and foot, and clear clinical and imaging evidence of a lesion that has been shown to benefit from surgical repair. There was no physician progress report submitted by the requesting physician. There is also no documentation of a failure to respond to recent conservative treatment. Additionally, the surgical codes requested are not customarily part of a tarsal tunnel decompression. The medical rationale for the CPT codes 20926, 28240, 28060, 64450 and 73610 has not been provided. The medical necessity for tissue grafts has not been justified. Based on the clinical information received, the request is non-certified.

**Tenotomy or lengthening of Abductor Hallucis Muscle Qty: 1: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374-375. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot Chapter, 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 of the musculature around the ankle and foot, and clear clinical and imaging evidence of a lesion that has been shown to benefit from surgical repair. There was no physician progress report submitted by the requesting physician. There is also no documentation of a failure to respond to recent conservative treatment. Additionally, the surgical codes requested are not customarily part of a tarsal tunnel decompression. The medical rationale for the CPT codes 20926, 28240, 28060, 64450 and 73610 has not been provided. The medical necessity for tissue grafts has not been justified. Based on the clinical information received, the request is non-certified.

**Partial Plantar Fasciectomy QTY: 1: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374-375. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot Chapter, 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 of the musculature around the ankle and foot, and clear clinical and imaging evidence of a lesion that has been shown to benefit from surgical repair. There was no physician progress report submitted by the requesting physician. There is also no documentation of a failure to respond to recent conservative treatment. Additionally, the surgical codes requested are not customarily part of a tarsal tunnel decompression. The medical rationale for the CPT codes 20926, 28240, 28060, 64450 and 73610 has not been provided. The medical necessity for tissue grafts has not been justified. Based on the clinical information received, the request is non-certified.

**Neuroplasty of foot nerve QTY: 2: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374-375. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot Chapter, 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 of the musculature around the ankle and foot, and clear clinical and imaging

evidence of a lesion that has been shown to benefit from surgical repair. There was no physician progress report submitted by the requesting physician. There is also no documentation of a failure to respond to recent conservative treatment. Additionally, the surgical codes requested are not customarily part of a tarsal tunnel decompression. The medical rationale for the CPT codes 20926, 28240, 28060, 64450 and 73610 has not been provided. The medical necessity for tissue grafts has not been justified. Based on the clinical information received, the request is non-certified.

**Nerve Block injection QTY: 1: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374-375. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot Chapter, 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 of the musculature around the ankle and foot, and clear clinical and imaging evidence of a lesion that has been shown to benefit from surgical repair. There was no physician progress report submitted by the requesting physician. There is also no documentation of a failure to respond to recent conservative treatment. Additionally, the surgical codes requested are not customarily part of a tarsal tunnel decompression. The medical rationale for the CPT codes 20926, 28240, 28060, 64450 and 73610 has not been provided. The medical necessity for tissue grafts has not been justified. Based on the clinical information received, the request is non-certified.

**Post-Op fracture walker boot QTY: 1.00: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Initial Post-Op Physical Therapy, left foot QTY: 12.00: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Post-Op wheeled walker with knee rest QTY: 1.00:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Post Op strapping QTY: 6.00:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Professional component for foot x-ray QTY: 1.00:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.