

Case Number:	CM13-0055526		
Date Assigned:	12/30/2013	Date of Injury:	11/21/2000
Decision Date:	03/27/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	11/21/2013

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 Orthopedic Surgery and is licensed to practice in Texas. 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 61-year-old female who reported an injury on 11/24/2000, secondary to repetitive turning of a quadriplegic client. The patient is currently diagnosed with tarsal tunnel syndrome and neuralgia. The patient was seen by [REDACTED] on 11/13/2013. The patient reported persistent numbness in the left lower extremity. Physical examination revealed tenderness to palpation at the tarsal tunnel on the left, as well as metatarsal bones. The patient also demonstrated decrease sensation of the left lower extremity. Treatment recommendations included tarsal tunnel release on the left.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left tarsal tunnel release, medial plantar nerve release, medial calcaneal nerve release, common peroneal nerve release: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG), Ankle and Foot Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374-375.

Decision rationale: The Physician Reviewer's decision rationale: CA MTUS/ACOEM Practice Guidelines state referral for surgical consultation may be indicated for patients who have activity

limitation for more than 1 month, failure of exercise programs, and clear clinical and imaging evidence of a lesion. Official Disability Guidelines state 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 is no evidence of a recent failure to respond to conservative treatment, including physical therapy. There are no imaging studies or electrodiagnostic reports submitted for review. Therefore, the patient does not currently meet criteria for the requested surgical procedure. As such, the request is non-certified.