

Case Number:	CM13-0058034		
Date Assigned:	12/30/2013	Date of Injury:	11/16/2010
Decision Date:	09/05/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/26/2013

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 Surgery 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 claimant is a 50-year-old female injured on November 15, 2010. The records available for review include an October 25, 2013, progress report, which notes that the claimant has continued complaints of right foot pain. Physical examination demonstrated tenderness to palpation of the subtalar joint; the records note no other physical examination findings, recent conservative care or further medical management. No documentation of electrodiagnostic testing was included. The records reference a foot MRI scan that was unremarkable. This request is for a right tarsal tunnel release.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT FOOT TARSA TUNNEL RELEASE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) , ANKLE AND FOOT CHAPTER, SURGERY FOR TARSA TUNNEL SYNDROME.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Treatment in Worker's Comp, 18th Edition, 2013 Updates: ankle procedure.

Decision rationale: California MTUS ACOEM Guidelines would not support a right tarsal tunnel release. ACOEM Guidelines support the role of surgery when positive electrodiagnostic evidence of tarsal tunnel syndrome exists and a trial of conservative measures for more than one month has failed to control symptoms. In this case, there is no clinical or imaging evidence of a lesion shown to benefit from surgical repair. Absent a documented pathology, positive electrodiagnostic studies and a trial of conservative care, the request is not medically necessary and appropriate.