

Case Number:	CM13-0062295		
Date Assigned:	01/03/2014	Date of Injury:	07/13/2011
Decision Date:	04/25/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	12/06/2013

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 Pennsylvania. 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 48-year-old female with a reported injury date of 7/13/11. The claimant underwent a previous plantar fascia release for the diagnosis of plantar fasciitis. She has noted continued pain with ambulation and weight bearing with reports of burning pain radiating to the great toe and plantar aspect of the foot. The claimant is reported to have a positive Tinel's Test. The claimant has concomitant tenderness over the posterior tibial tendon. The claimant underwent electrodiagnostic studies on 10/4/12 which were normal. Specifically, the examiner indicated that the left median plantar sensory nerve was tested and was noted to be within normal limits with no evidence of left tarsal tunnel syndrome. A tarsal tunnel release has been requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT TARSALE TUNNEL RELEASE OF THE LEFT FOOT: 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: The requested tarsal tunnel release is not medically necessary. The California MTUS Guidelines do not address this request. The Official Disability Guidelines

specifically require positive electrodiagnostic studies of tarsal tunnel syndrome in order to perform surgery for the diagnosis. The surgery then is not performed unless patient fails to respond to conservative treatment. In this case, the claimant does not have tarsal tunnel syndrome documented by electrodiagnostic studies. Therefore, the requested procedure is not medically necessary or appropriate at this time.