

<b>Case Number:</b>	CM14-0133486		
<b>Date Assigned:</b>	08/29/2014	<b>Date of Injury:</b>	08/01/2012
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	08/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2014

### 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 New York. 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 27-year-old male who is a dancer. He's had conservative treatment for an ankle sprain and tarsal tunnel syndrome. The patient has 2 surgical procedures which have failed. He continues to have pain. The EMG reports from 2012 were abnormal. MRI from August 2014 shows scar tissue around the nerve from previous surgeries. At issue is whether additional tarsal tunnel revision surgery is medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Repeat right foot tibial nerve decompression:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Ankle and Foot Chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MTUS foot pain chapter ODG foot pain chapter

**Decision rationale:** This patient does not meet establish criteria for additional foot surgery. The patient is early had surgery for tarsal tunnel syndrome. The patient's imaging studies that show scar tissue around the nerve. There is no literature does show that revision tarsal tunnel surgery

in areas of scar tissue his more effective than conservative measures. The patient is early had 2 previous operations without success. The likelihood that a third operation to decompress scar tissue around the nerve would be successful is very small. In addition the medical records include new diagnostic studies consisting of the EMG and nerve conduction studies demonstrated abnormal findings in the region of the nerve. The likelihood that the third operation in the region of scar tissue in the tarsal tunnel would be successful is very small. Medical necessity of third revision of tarsal tunnel syndrome surgery has not been established. More conservative measures should be tried and of the most appropriate treatment options. Surgery is not medically necessary. Criteria for revision surgery not met.