

<b>Case Number:</b>	CM14-0137609		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	06/30/2011
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	08/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2014

### 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 44-year-old male with a date of injury of June 30, 2011. The patient experienced a twisting injury to the left ankle. The patient continues to have left ankle pain. The patient has had 2 tarsal tunnel surgeries. The patient continues to have pain in the left ankle. Magnetic resonance imaging (MRI) documents a normal study other than mildly flexed digits. There is mild arthritis in the cuneiform. At issue is whether additional tarsal tunnel releases medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ligation of varicose veins:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371-374. Decision based on Non-MTUS Citation Official Disability Guidelines: Foot and Ankle Chapter, Wheelless Online; ACC/AHA 2007; other literature. Ligation of varicose veins: <http://emedicine.medscape.com/article/462579-treatment>

**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: A review of the current management and treatment options for superficial venous insufficiency. Zhan HT, Bush RL. World J Surg. 2014 Oct;38(10):2580-8. doi: 10.1007/s00268-014-2621-0. PMID:24803347[PubMed - in process] Related citations Select

item 24448056 5.[Quality standards for ultrasound assessment of the superficial venous system of the lower limbs. Report of the French Society for Vascular Medicine]. Auvert JF, Chleir F, CoppÃ© G, Hamel-Desnos C, Moraglia L, Pichot O; SFMV. J Mal Vasc. 2014 Feb;39(1):26-46. doi: 10.1016/j.jmv.2013.12.001. Epub 2014 Jan 18. French. PMID:24448056[PubMed - indexed for MEDLINE] Related citations  
Select item 242889366.Varicose veins: diagnosis and management.Onida S, Davies AH. Nurs Times. 2013 Oct 16-22;109(41):16-7. Review. PMID:24288936[PubMed - indexed for MEDLINE] Related citations Select item 238849697.Diagnosis and management of varicose veins in the legs: summary of NICE guidance.Marsden G, Perry M, Kelley K, Davies AH; Guideline Development Group. BMJ. 2013 Jul 24;347:f4279. doi: 10.1136/bmj.f4279. No abstract available. PMID:23884969[PubMed - indexed for MEDLINE] Related citations.

**Decision rationale:** The medical records do not document and significant attempt at conservative treatment and management of varicose veins. Guidelines support initial attempt at conservative management for varicose veins. There is no documentation in the records of conservative varicose vein management.

**Left tarsal tunnel release:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374.

**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: ODG foot and ankle chapter. MTUS foot and ankle chapter

**Decision rationale:** This patient does not meet establish criteria for tarsal tunnel release. Medical records indicate that the patient has had 2 previous tarsal tunnel surgeries. Additionally the most recent MRI does not indicate a problem with the tarsal tunnel. The diagnosis of tarsal tunnel compression has not been established in the medical records. Criteria for tarsal tunnel release not met.

**Anesthetic peripheral nerve block:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation wikipedia.com : Nerve block

**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.

**General Anesthesia:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Wheelless textbook of Orthopedics Orthopaedic Anesthesia

**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 splint:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371.

**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.

**Pre-op history and physical:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The ACC/AHA 2007

**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.

