

Case Number:	CM14-0158759		
Date Assigned:	10/02/2014	Date of Injury:	05/31/2002
Decision Date:	10/28/2014	UR Denial Date:	08/30/2014
Priority:	Standard	Application Received:	09/29/2014

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 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:

This 55-year-old female video technical coordinator sustained an industrial injury on 5/30/02. Injury occurred when she tripped over a box and fell forward, somersaulting once or twice. She rolled her left ankle, twisted her right knee, hyper-flexed her right thumb, hit her head on a door, and lost consciousness. Past surgical history was positive for left ankle surgery in 2003, lumbar Spine Surgery, Right Rotator Cuff Repair, and Bilateral Total Knee Arthroplasty. The orthopedic progress reports from 4/2/14 to 7/30/14 do not chronicle foot or ankle complaints or exam findings. Examinations of the cervical spine, right shoulder, lumbosacral spine, and bilateral knees are noted. The patient attended physical therapy in April 2014 for increased right shoulder pain. Physical therapy was requested on 5/28/14 for the bilateral knees. Records indicated that the patient had recently been referred for evaluation of foot and ankle pain, previously untreated. Treating physician notes documented the patient had electrodiagnostic studies on 6/6/14 consistent with tarsal tunnel syndrome. The 8/19/14 treating physician report indicated the left foot was painful on both the inner and outer sides of the ankle. Pain was increasing with sharp stabbing pain with weight bearing. Physical exam documented a positive Tinel's sign. The treatment plan recommended a left tarsal tunnel release. The 8/30/14 utilization review denied the request for Left Foot Tarsal Tunnel Release, as there was no treatment provided for this condition to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Foot Tarsal 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Ankle and Foot, Surgery for Tarsal Tunnel Syndrome

Decision rationale: The California MTUS do not provide surgical recommendations for tarsal tunnel syndrome. The Official Disability Guidelines recommend surgery for tarsal tunnel syndrome after conservative treatment for at least one month. Patients with clinical findings and positive electrodiagnostic studies of Tarsal Tunnel Syndrome warrant surgery when significant symptoms do not respond to conservative management. Guideline criteria have not been met. Evidence of at least one month of a recent, reasonable, and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. Therefore, this request is not medically necessary.