

<b>Case Number:</b>	CM14-0175982		
<b>Date Assigned:</b>	10/29/2014	<b>Date of Injury:</b>	05/05/2013
<b>Decision Date:</b>	12/12/2014	<b>UR Denial Date:</b>	10/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2014

### 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 is a 35 year-old female with a 5/5/13 injury date. She was walking over uneven ground and twisted her left foot and ankle. In a follow-up dated 8/11/14, subjective findings included improving left foot pain, joint tenderness, limping, numbness, swelling, and weakness. The patient reported that her recent cortisone injection was helpful. Objective findings included normal flexibility, increased anterior drawer, talar tilt, and subtalar tilt, and no crepitus or deformity. The medial ankle was tender. Ankle dorsiflexion was 20 degrees, plantar flexion 50 degrees, inversion 35 degrees, and eversion 15 degrees. Strength was normal. A left foot MRI on 6/16/14 was negative. Diagnostic impression: tarsal tunnel syndrome, posterior tibial tendon injury. Treatment to date: physical therapy, pain medications, night splinting, cortisone injection. A UR decision on 10/15/14 denied the request for nerve release and left foot Gastroc release on the basis that the patient appears to have improved after prior conservative treatment and is now asymptomatic. In addition, the left foot MRI was negative and there were no electrodiagnostic studies available for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nerve Release, Gastroc Release Left foot:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374-375. Decision based on Non-MTUS Citation Official Disability

Guidelines (ODG), Treatment Index, 11th Edition (web), 2013, Foot and Ankle/Surgery for Tarsal 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): Foot and Ankle Chapter--Tarsal tunnel release, Adult acquired flatfoot (pen planus).

**Decision rationale:** CA MTUS and ODG state that surgery for tarsal tunnel syndrome is recommended after conservative treatment for at least one month in patients with clinical findings and positive electrodiagnostic studies of tarsal tunnel syndrome. With regards to posterior tibial tendon dysfunction, ODG recommends conservative treatment for at least the first 6-8 weeks before consideration of surgery. Medical or non-operative therapy for posterior tibial tendon dysfunction involves rest, immobilization, nonsteroidal anti-inflammatory medication, physical therapy, orthotics, and bracing. The following is a summary of conservative treatments for acquired flatfoot by stage: (1) Stage 1 - NSAIDs and short-leg walking cast or walker boot for 6-8 weeks, full-length semi rigid custom molded orthosis, physical therapy; (2) Stage 2 - UCBL orthosis (well fitted anti pronation foot orthotic) or short articulated ankle orthosis; (3) Stage 3 - Molded AFO, double-upright brace, or patellar tendon-bearing brace; & (4) Stage 4 - Molded AFO, double-upright brace, or patellar tendon-bearing brace. The following is a summary of surgical treatments for acquired flatfoot by stage: (1) Stage 1 - Tenosynovectomy, tendon debridement, and tendon repair of partial tears; (2) Stage 2 - Add Achilles tendon lengthening or gastrocnemius recession in cases of equinus contracture; (3) Stage 3 - Subtalar fusion, Triple arthrodesis; (4) Stage 4 - Tibiotalocalcaneal fusion, Pantalar fusion. However, in this case there is no documentation of left foot sensory dysfunction on exam or electrodiagnostic studies available that would confirm a diagnosis of tarsal tunnel syndrome. In addition, the left foot MRI was normal. With regards to the patient's posterior tibial tendon injury, there is no discussion of the stage of the patient's deformity and no rationale discussed that correlates prior conservative treatment modalities with the patient's stage. It is not clear which conservative treatments have been attempted and in what time frames. Specifically, it is not clear whether the patient has tried NSAIDs and what type of splinting or bracing has been used, and whether this is appropriate for the patient's stage of tendon dysfunction. Thus, it is not clear whether a Gastroc release is appropriate at this time. Therefore, the request for Nerve Release, Gastroc Release Left foot is not medically necessary.