

Case Number:	CM14-0024560		
Date Assigned:	06/16/2014	Date of Injury:	10/20/2012
Decision Date:	07/24/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	02/26/2014

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 44-year-old male sustained an industrial injury on 10/20/12. Injury occurred when he missed a step while carrying a hospital bed down a flight of stairs, lost his balance, and twisted his left ankle. He underwent left posterior tibialis tendon repair and flexor digitorum longus tendon repair on 2/23/13. The 5/22/13 left lower extremity MRI impression documented abnormal signal in the tibialis posterior tendon which may represent a longitudinal split-type tear or possibly post-operative changes. The tarsal tunnel and medial plantar nerve appeared within normal limits. Podiatry progress reports from 5/30/13 to 10/13/13 indicated the patient was continuing to improve slowly. Exam findings as of 10/3/13 documented decreased medial ankle edema, mild pain of the posterior tibial tendon, range of motion within normal limits, ability to do a single toe rise test on the left without pain, good posterior tibial tendon strength. The patient was to continue with supportive shoes, custom molded orthotics, and home exercises. The 10/24/13 treating physician report cited constant severe left ankle pain, relieved by nothing. There was associated burning, numbness, tingling and prickling sensation radiating distally from the mid-calf to the toes. Medications only dulled the pain. Objective exam was unchanged with pain localized to the posterior tibial nerve and tendon in the tarsal tunnel. There was pronounced edema and increased temperature. Pain was severe and had not responded to rest, immobilization or medication. Pain temporarily reduced from 10/10 to 3/10 for 3 days following injection to the posterior tibial nerve on the last visit. The diagnosis was status post traumatic partial rupture of the posterior tibial tendon, vertical tear in the posterior tibial tendon, and peripheral nerve entrapment at the left common peroneal, superficial peroneal, deep peroneal, posterior tibial, medial calcaneal, medial plantar, lateral plantar, and sinus tarsi. Previous surgery failed to repair the posterior tibial tendon. A repeat MRI was requested. The 1/23/14 treating physician report cited grade 5-6/10 pain with unchanged physical exam findings. A new MRI had been obtained.

Surgery was recommended. The 2/14/14 utilization review denied the request for left foot surgery based on an absence of electrodiagnostic evidence of nerve compression, documented response to certified peripheral nerve blocks, updated MRI findings, and guidelines support for allograft use.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT LEFT FOOT SURGICAL REPAIR OF POSTERIOR TBIAL TEAR:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot, Surgery for posterior tibial tendon ruptures.

Decision rationale: The California MTUS do not provide surgical recommendations for chronic ankle and foot injuries. The Official Disability Guidelines recommend surgery for posterior tibial tendon tears when conservative treatment fails. In the early stages, posterior tibial tendon dysfunction may be treated with rest, nonsteroidal anti-inflammatory drugs such as aspirin or ibuprofen, and immobilization of the foot for 6 to 8 weeks with a rigid below-knee cast or boot to prevent overuse. After the cast is removed, shoe inserts such as a heel wedge or arch support may be helpful. If the condition is advanced, a custom-made ankle-foot orthosis or support may be necessary. Guideline criteria have not been met. This patient underwent left posterior tibialis tendon repair and flexor digitorum longus tendon repair on 2/23/13. The 5/22/13 left ankle MRI suggested a possible posterior tibialis tear versus post-surgical changes. The patient continued to improve through early October. An increase in symptoms was noted in late October that reduced to pre-flare levels per the 1/23/13 report. An updated MRI was obtained with no documented findings. There is no detailed documentation that recent comprehensive pharmacologic and non-pharmacologic conservative treatment had been tried and failed. Given the absence of clear imaging documentation of a tear of the posterior tibial tendon, this request for outpatient left foot surgical repair of the posterior tibial tear is not medically necessary.

ALLOGRAFT LIQUID INJECTION ALLOGRAFT MEMBRANE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requests for left foot surgery are not medically necessary, the request for allograft liquid injection allograft membrane is also not medically necessary.

DECOMPRESSION OF THE POSTERIOR TIBIAL NERVE THE PLANTAR MEDIAL AND PLANTAR LATERAL NERVES: 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 Official Disability Guidelines (ODG) Ankle and Foot, Surgery for tarsal tunnel syndrome.

Decision rationale: The California MTUS do not provide surgical recommendations for chronic ankle and foot injuries. 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. There is no electrodiagnostic evidence of tarsal tunnel syndrome noted in the records. MRI findings indicated the tarsal tunnel and medial plantar nerve appeared within normal limits, despite the reported positive diagnostic injection test to the posterior tibial nerve. Given the absence of electrodiagnostic evidence, this request for decompression of the posterior tibial nerve, the plantar medial, and plantar lateral nerves is not medically necessary.