

Case Number:	CM14-0025275		
Date Assigned:	06/11/2014	Date of Injury:	03/22/2011
Decision Date:	08/05/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/27/2014

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:

The injured worker is a 35-year-old male who reported an injury on 3/22/11. The mechanism of injury was not provided. The documentation of 5/15/14 revealed that the injured worker had constant pain. Associated symptoms included numbness. The documentation indicated that the injured worker underwent an MRI on the right ankle on 1/14/12 with an unremarkable examination. The injured worker underwent and EMG/NCV of the lower extremities bilaterally on 3/26/13 which was noted to include residual of posterior tarsal tunnel syndrome as was demonstrated by persistent conduction block but with improvement in the medial and lateral plantar sensory nerve conduction. The diagnostic impression included tarsal tunnel syndrome. The treatment plan included a followup with continued usage of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 SURGERY: RIGHT FOOT REVISION TARSA TUNNEL RELEASE AS AN OUTPATIENT: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: The California MTUS/ACOEM Guidelines do not specifically address tarsal tunnel. As such, secondary guidelines were sought. The Official Disability Guidelines indicate that surgery for tarsal tunnel syndrome is recommended after conservative treatment for at least 1 month and in injured workers with clinical findings and positive electrodiagnostic studies of tarsal tunnel syndrome. The clinical documentation submitted for review failed to provide the official EMG/NCV study. Given the above, the request is not medically necessary.