

Case Number:	CM14-0033284		
Date Assigned:	06/20/2014	Date of Injury:	08/17/2007
Decision Date:	07/22/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/17/2014

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 patient is a 31- year-old male who sustained an injury to the left foot on 8/17/2007. Past treatment history has included left ankle Lisfranc surgery on 8/17/2007, orthotics, ultrasound guided injection to tarsal tunnel in 1/2014. A previous UR determination was performed on 2/20/2014, wherein recommendation is to non-certify the requested left tarsal tunnel release to left foot/ankle and pre-op medical clearance. The determination was based on the patient not having undergone a full course of conservative care, and that surgery is not warranted in the absence of positive electrodiagnostic studies. An electrodiagnostic evaluation was performed on 10/14/2013. EMG/NCV findings: All-nerve conduction studies were within normal limits, all F-wave were within normal limits, and muscles showed no evidence of the left for stability. According to medical report dated 3/5/2014, the patient presents for consultation regarding tenderness, pain, and difficulty with ambulation on the left ankle. Pain is dull, achy and arthrosis. There is minimal pain. He does not have any tingling or significant irritation. He was previously seen by a physician on 1/7/2014, who diagnosed him with possible tarsal tunnel and provided a cortisone injection to the tarsal tunnel area, which seemed to have irritated his nerve area and caused more pain. Physical examination of the feet/ankles documents normal pulses, no signs of weakness, minimum to no edema of the feet, normal deep tendon reflexes, no sensory loss, and normal appearance of the skin. Patient is about to moderate pain along the arch of the foot, mild pain in the midfoot but very minimal nature; slight swelling is noted in the midfoot. There is mild pain in the tibial nerve area but very little in this seems to be in the area of the previous injection. No distal radiation is noted, no Tinel sign is noted, and muscle strength is 5-/5 in all four quadrants. X-rays of the left foot, three views weight-bearing were taken and show mild degenerative changes of the midfoot from previous ORIF. The overall position is excellent, no shift, no gapping is noted; no major signs of degenerative changes are noted. There are slight degenerative

changes of the metatarsocuneiform joint noted. No major collapses noted. An EMG (electromyography) nerve conduction test brought in by the patient is normal with no signs of tarsal tunnel. Recommendation was for MRI of the left foot and left ankle evaluate the tibial nerve, medial ankle and midfoot for arthritic changes. The physician does not believe the patient has tarsal tunnel, and does not suggest the surgery for tarsal tunnel until the MRI report is reviewed. According to the progress note dated 3/24/2014, the patient presented for continued care. He is doing well. MRIs of the ankle and foot reportedly revealed a small avulsion of the fibula and some tendosynovitis of the flexor tendon along the medial arch. No signs of nerve irritation and no loose bodies are noted. Objective findings are reported to reveal mild Tinel of the tibial nerve which is very mild and similar on both sides, slight irritation along the arch is noted, tenderness along the flexor, not major anterior drawer or ankle instability noted, and muscle strength is 5/5 in all quadrants. Assessment is Lisfranc's injury with continued flexor tendosynovitis. Plan is for replacement of old orthotics and referral to PT 3x4.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 tarsal tunnel release to left foot/ankle: 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) Ankle and Foot (Acute and Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle, Surgery for tarsal tunnel syndrome.

Decision rationale: CA MTUS guidelines do not address the issue in dispute. According to the Official Disability Guidelines, surgery for tarsal tunnel syndrome may be recommended 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. When conservative therapy fails to alleviate the patient's symptoms, surgical intervention may be warranted since space-occupying masses require removal. The medical records do not establish that this patient is a candidate for tarsal tunnel release. According to the 3/24/2014 progress note, the patient is doing well, and has only very mild tenderness and mildly positive Tinel's on examination. He has no functional deficits on examination. In addition, his EMG/NCV revealed a completely normal study. There is no evidence of tarsal tunnel syndrome. In the absence of significant symptoms, failure of conservative measures and positive electrodiagnostic findings, this patient is not a candidate for tarsal tunnel release. The medical necessity of the proposed surgery has not been established.

1 pre-op medical clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Surgery General Information and Ground Rules, California Official Medical Fee Schedule, pages 92-93.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, preoperative testing "general".

Decision rationale: CA MTUS guidelines do not address the issue in dispute. The medical records establish that this patient is not a candidate for the proposed left foot/ankle tarsal tunnel release. In the absence of surgical candidacy, preoperative medical clearance is not medically necessary.