

Case Number:	CM14-0041304		
Date Assigned:	06/20/2014	Date of Injury:	11/18/2010
Decision Date:	10/02/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	03/12/2014

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 Texas. 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 50 year old female a work related injury on 11/18/10 in a motor vehicle accident. The injury was to the posterior tibial nerve. An independent medical exam stated the injury was an aggravation of a previous right knee injury on 11/20/2008. The injured worker complained of head, neck, left shoulder, right wrist, low back, left hip, bilateral ankle and knee pain. Further notes indicate an Achilles tear at work on 11/18/10. She had the following surgeries: a left shoulder rotator cuff tear in 2011 2, Achilles repair in 2012, and there is mention of an anterior cruciate ligament (ACL) tear. More details regarding the right achilles indicate surgery 1/19/12 for right Achilles tenolysis, excision of scar, right Achilles shortening with repair of rupture and a flexor hallucis longus tendon transfer. An office note from 2/20/14 indicates the injured worker with right ankle, foot and leg pain. She was referred for neuropathic discomfort. She has muscle mass loss in posterior leg muscles, complaints of numbness and tingling in medial ankle and plantar foot. The exam reveals neutral hindfoot and midfoot with no bunion or hammertoe. Tenderness was noted in posterior leg on palpation of tibial nerve above surgical scar and medial ankle over tarsal tunnel. There was full range of motion noted. There was weakness in posterior calf muscles with atrophy noted. There was decreased sensation in medial and lateral plantar nerve distribution, and tibial nerve distribution. There was a positive provocative sign to percussion. The request is for a neurolysis of tibial nerve of distal leg and tarsal tunnel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tarsal Tunnel release, Plantar Fascia release, decompression neurolysis tibial nerve distal leg and tarsal tunnel; right 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, Ankle and Foot, Surgery for tarsal tunnel syndrome

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

Decision rationale: Tarsal tunnel syndrome is caused by compression of the tibial nerve or its associated branches as it passes underneath the flexor retinaculum at the ankle level or distally. It is recommended after conservative treatment for at least one month. Injured workers 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 injured worker's symptoms, surgical intervention may be warranted since space-occupying masses require removal. This injured worker has no documentation of failed conservative treatment of one month duration. Her weakness was expected after the surgery she had 1/12. In addition, there is no documentation of an electromyography (EMG). There is no documentation through magnetic resonance imaging (MRI) of a space occupying lesion. The request is denied as there has not been adequate conservative treatment documented, unequivocal clinical exam findings as injured worker has had previous injuries in the past and inadequate documentation of diagnostic tests: electromyography (EMG) and magnetic resonance imaging (MRI).