

<b>Case Number:</b>	CM14-0088351		
<b>Date Assigned:</b>	08/13/2014	<b>Date of Injury:</b>	03/15/2011
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	05/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2014

### 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 40-year-old assistant manager who sustained a vocational injury related to repetitive ladder climbing on 03/15/11. The medical records provided for review include an office note dated 04/02/14 documenting a diagnosis of low back pain, right medial meniscal tear and right tarsal tunnel syndrome with current complaints of right foot pain and numbness. If office note documented that the recommendation for right foot surgery had not been authorized and was causing the claimant undo pain. Examination revealed tenderness over the posterior tibia with numbness and tingling around the medial aspect of her right foot. She had 20 degrees of flexion and extension. Conservative treatment for the right foot to date has included physical therapy, medications, walking boot, cast, crutches, diagnostics and trigger point injections. The claimant had previously undergone right foot plantar fasciotomy on 04/04/12. The current request is for decompression of tarsal tunnel Baxter's nerve in the right foot.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Decompression tarsal tunnel Baxter's nerve in right foot release:** 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).

**MAXIMUS 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); Foot & Ankle chapter: Surgery for tarsal tunnel syndrome and Other Medical Treatment Guideline or Medical Evidence: Wheelless' Textbook of Orthopedics: online and: Clin Orthop Relat Res. 1992 Jun;(279):229-36. Treatment of chronic heel pain by surgical release of the first branch of the lateral plantar nerve. Baxter DE1, Pfeffer GB. 1Baylor College of Medicine, Department of Orthopaedics, Houston, Texas.

**Decision rationale:** California ACOEM Guidelines note that prior to considering surgical intervention of the foot and ankle, there should be clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. The Official Disability Guidelines note that tarsal tunnel surgery may be considered medically reasonable after conservative treatment has been undertaken for at least one month and the claimant shows clinical findings and positive electrodiagnostic studies for tarsal tunnel syndrome when significant symptoms do not respond to conservative management. Currently, there is no documentation the claimant has had any electrodiagnostic studies confirming the diagnosis and pathology in the tarsal tunnel and the area of Baxter's nerve. Therefore, based on the documentation presented for review and in accordance with California ACOEM Guidelines, Official Disability Guidelines, Wheelless' Textbook of Orthopedics online and the Baylor College of Medicine Department of Orthopedics, the request for surgical intervention in the form of decompression of the tarsal tunnel Baxter's nerve in the right foot cannot be considered medically necessary.