

Case Number:	CM14-0121350		
Date Assigned:	12/01/2014	Date of Injury:	08/20/1999
Decision Date:	01/13/2015	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	07/31/2014

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 54-year-old female sustained an industrial injury on 8/20/99. The mechanism of injury was documented as continuous trauma. Past medical history was positive for somatoform pain disorder with fibromyalgia. Past surgical history was positive for multiple right upper extremity surgeries, including right wrist radiocarpal fusion, Darrach resection, and deQuervain's surgery on 7/24/13. Records indicated the patient was pending a right wrist revision surgery. The 2/5/14 podiatry report cited continued severe right heel pain radiating from the posterior tibial tendon, burning both feet, and occasional severe foot cramping, left greater than right. Pain was reported grade 9/10 while walking. Medications included cyclobenzaprine, frovatriptan, lansoprazole, metaxalone, and ziprasidone. Physical exam documented normal nails and supple skin, hyperkeratotic tissue medial arch right foot, and pain with palpation of bilateral hallux nails. There was sharp pain with palpation of the posterior tibial nerves both feet, grossly intact sensation, positive Tinel's sign, and allodynia. Vascular exam was within normal limits. Range of motion was limited and guarded. The diagnosis was bilateral posterior tibial nerve compression, neuropathy, ingrown toenails bilateral halluces, and limb pain. The treatment plan recommended posterior tibial nerve neurolysis and continued Flector patches. Her orthotics were adjusted, and no injections were given as they were not having long term results. The 5/21/14 podiatry report cited subjective and objective findings unchanged from the 2/5/14 progress report. The treatment plan recommended lidocaine injection for right plantar fasciitis, anesthetic injection for right foot pain, and continued Flector patches. Authorization was requested for posterior tibial nerve neurolysis and tibial tendon release. The 7/16/14 utilization review denied the request for tibial tendon surgery and neurolysis of the tibial nerve based on an absence of electrodiagnostic testing and lack of evidence of comprehensive conservative treatment failure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Release tibial tendon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC (Official Disability Guidelines-Treatment Workers Compensation) Ankle and Foot Procedure

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) Ankle and Foot, Surgery for tarsal tunnel syndrome

Decision rationale: The California MTUS guidelines generally recommend surgical consideration in foot and ankle complaints when there is failure of conservative treatment, including activity modification and exercise, and 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 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. There is no imaging evidence of posterior tibial nerve compression. Evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. Therefore, this request is not medically necessary.

Neurolysis tibial nerve in the review: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC (Official Disability Guidelines-Treatment Workers Compensation) Ankle and Foot Procedure

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) Ankle and Foot, Surgery for tarsal tunnel syndrome

Decision rationale: The California MTUS guidelines generally recommend surgical consideration in foot and ankle complaints when there is failure of conservative treatment, including activity modification and exercise, and 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 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. There is no imaging evidence of posterior tibial nerve compression. Evidence of a recent, reasonable and/or comprehensive non-

operative treatment protocol trial and failure has not been submitted. Therefore, this request is not medically necessary.