

Case Number:	CM15-0009575		
Date Assigned:	01/27/2015	Date of Injury:	02/03/2011
Decision Date:	03/16/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	01/16/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New York
 Certification(s)/Specialty: Podiatrist

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the enclosed documentation, this patient underwent a trauma while at work on 2/3/2010. Patient suffered multiple injuries including numerous back injuries. Post trauma, patient was treated with local steroid injections to her back as well as surgical intervention including laminectomy's and foramenectomies. On 11/29/2012 patient underwent right sided endoscopic plantar fasciotomy. Patient continued to have right sided heel pain and underwent local steroid injections to painful areas right foot. On 8/1 and 9/17/2014 patient underwent steroid injections to the tarsal tunnel and Baxter's nerve area which alleviated pain greater than 50%. Patient was using Flector patches as well as taking gabapentin. On 12/17/2014 patient noted return of right heel pain, severe. Pain was noted to the tarsal tunnel and Baxter's nerve area. Patient was diagnosed with chronic plantar fasciitis right side, tarsal tunnel syndrome right side, and lumbar radiculopathy. At that point it was recommended that patient undergo a tarsal tunnel and Baxter's nerve release, with postoperative physical therapy and preoperative lab clearance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right tarsal tunnel and Baxter's nerve 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), Ankle & 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 procedure summary - ankle and foot

Decision rationale: After careful review of the ODG guidelines for surgery for tarsal tunnel syndrome, it is my opinion that the enclosed documentation does not support the guidelines for surgery for tarsal tunnel syndrome for this patient. It is well documented that this patient suffers with both significant back pathology as well as foot pathology. It is certainly within reason to consider that the foot pathology, pain, and numbness may be a sequelae of patient's back pathology. Furthermore, the ODG guidelines state that both clinical positive findings and positive electrodiagnostic studies of tarsal tunnel syndrome warrant surgery when significant symptoms do not respond to conservative management. After review of the enclosed information I cannot find electrodiagnostic studies confirming tarsal tunnel syndrome.

Post-op physical therapy for the right foot (2x6): Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation procedure summary - ankle and foot

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Pre-operative medical clearance and labs to include a CBC and CHEM-7: 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), Low Back, preoperative lab testing

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation procedure summary - ankle and foot

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.