

<b>Case Number:</b>	CM15-0164730		
<b>Date Assigned:</b>	09/02/2015	<b>Date of Injury:</b>	08/01/2012
<b>Decision Date:</b>	10/05/2015	<b>UR Denial Date:</b>	08/06/2015
<b>Priority:</b>	Standard	<b>Application</b>	08/21/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 55 year old female who sustained an industrial injury on 8-1-12. Her initial complaints and the nature of her injury are not available for review. The pain management progress noted, dated 7-29-15, indicates that she has undergone an MRI of the right shoulder on 11-6-14, an MRI of the cervical spine on 7-18-14 and x-rays of the foot on 11-5-13. She presented to the provider's office for follow-up and was noted to be status-post a tarsal tunnel nerve block under ultrasound on 7-15-15. She reported "excellent pain relief" with "about 60-70% pain reduction". She reported that the numbness and burning was "more tolerable". The report indicates that she "is a good candidate for the next step which is the radiofrequency nerve ablation". The report states that she has signs and symptoms of tarsal tunnel syndrome and has undergone an EMG-NCV confirming the diagnosis. She was also diagnosed with right rotator cuff tear, shoulder tendinitis, bursitis, possible shoulder impingement, cervicgia, bilateral hand osteoarthritis, carpometacarpal degenerative joint disease, and bilateral foot metatarsalgia. The treatment plan was to request tarsal tunnel nerve pulsed radiofrequency lesioning of the tarsal tunnel nerves. She was given a prescription for Celebrex.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right tarsal tunnel RFNA (radiofrequency nerve ablation), QTY: 1: 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.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 376.

**Decision rationale:** In this case, the claimant has tarsal tunnel syndrome. The claimant also has Morton's neuroma. For neuromas and compression related neuropathies, the guidelines recommended steroid injections. The guidelines do not indicate the use of RF ablation. As a result, the request for the RF ablation for tarsal tunnel is not medically necessary.