

<b>Case Number:</b>	CM15-0166327		
<b>Date Assigned:</b>	09/04/2015	<b>Date of Injury:</b>	11/29/2010
<b>Decision Date:</b>	10/06/2015	<b>UR Denial Date:</b>	07/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/24/2015

### 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: California, 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:

The injured worker is a 56 year old female, who sustained an industrial injury on 11-29-10. She has reported initial complaints of injury to the right ankle after being hit by a tricycle in the area of the posterior tibial nerve. The injured worker experienced severe immediate pain and developed a burning pain and swelling of the ankle. The diagnoses have included tarsal tunnel syndrome of the right foot, status post partial release of the tarsal tunnel, and right foot with continuation of residual pain, neuritis and painful gait. Treatment to date has included medications, topical creams, ice, elevation, surgery, podiatrist consult and other modalities. Currently, as per the physician initial podiatric evaluation progress note dated 3-10-15, the injured worker complains of pain and swelling on and off and a shock like feeling of the nerve that radiates down into the foot causing a sticking-type pain that suddenly snaps and causes pain that radiates up into the leg. The pain is rated 9-10 out of 10 on the pain scale at the worst and at its best rated 4-5 out of 10. The current medications included Ketoprofen, Omeprazole and Capsaicin cream. The objective findings-physical exam reveals there is a well-healed incision posterior aspect of the ankle joint from partial, incomplete tarsal tunnel release of the right ankle. She demonstrates significant hypersensitivity in this area. She demonstrates transgression of the posterior tibial tendon, which appears to be more pronounced than normal. She demonstrates pain to direct palpation to the region. Percussion of the area doesers causes severe Tinel's sign and Valleix sign symptomologies. The anterior tibial pulses and posterior tibial pulses are 2+ out of 4 and palpable bilaterally. She has symptomatic pain of the right foot along the posterior tibial nerve. She has difficulty with dorsiflexion, eversion and active inversion. The palpation of the foot increases symptoms significantly. The physician notes that there is clear indication that the injured worker may have had partial release of the tarsal tunnel that is

incomplete due to continuation of symptoms that continue to persist for her. The physician requested treatments included Tarsal Tunnel Release, Right Foot-Ankle with Posterior Tibial Nerve Compression and Associated Surgical Services: Assistant Surgeon.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Tarsal Tunnel Release, Right Foot/Ankle with Posterior Tibial Nerve Compression: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Occupational Medicine Practice Guidelines, Ankle and Foot Complaints, Tables: 14-1, 14-2, 14-3, 14-6 Page(s): 7, 14, 58, 361-371, 376. Decision based on Non-MTUS Citation 1 Yates, Ben (2009). Merriman's Assessment of the Lower Limb (3rd ed.).

**Decision rationale:** Tibial nerve dysfunction is a peripheral neuropathy characterized by the compression of the posterior tibial nerve and its branches as it travels around the medial malleolus causes pain and irritation for the patient. There are many possible causes for compression of the tibial nerve and there are varieties of prevention strategies. Diagnosis is based upon physical examination, which is expected to be the first step in evaluating the possibility of tarsal tunnel syndrome. Corroborative tests for tibial nerve dysfunction may include: EMG, Nerve biopsy, nerve conduction studies, ultrasound and MRI. The record has mention of, but provides no evidence of diagnostic study. Tarsal tunnel syndrome is known to be responsive to conservative measures to relieve nerve compression, there are varieties of non-surgical strategies typically recommended, including: bracing, therapeutic foot wear, orthotics, physical therapy and work status regimens. The record provides no evidence of diagnostic study or alternatives to surgical management as recommended by the MTUS guidelines. As per MTUS guidelines, at present the proposed surgical procedures cannot be certified as medically necessary.

#### **Associated Surgical Services: Assistant Surgeon: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Occupational Medicine Practice Guidelines, Ankle and Foot Complaints, Tables: 14-1, 14-2, 14-3, 14-6 Page(s): 7, 14, 58, 361-371, 376. Decision based on Non-MTUS Citation 1 Yates, Ben (2009). Merriman's Assessment of the Lower Limb (3rd ed.).

**Decision rationale:** The need for surgical assistance is established by the need for surgical procedure. The need for the proposed surgical procedures cannot be certified as medically necessary. Accordingly, the need for surgical assistance is not certified as medically necessary.