

<b>Case Number:</b>	CM15-0186491		
<b>Date Assigned:</b>	09/28/2015	<b>Date of Injury:</b>	03/22/2014
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	09/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2015

### 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 52 year old female, who sustained an industrial-work injury on 3-22-14. A review of the medical records indicates that the injured worker is undergoing treatment for tibialis posterior tendinitis, pain in lower limb and right tarsal tunnel syndrome. Medical records dated 8-24-15 indicate that the injured worker complains of ongoing right foot pain. Per the treating physician report dated 8-19-15 the work status is modified with sedentary duty. The physical exam dated 8-24-15 reveals that the injured worker walks with a limp and antalgic gait. There is tenderness in the right medial ankle, the great toe metatarsophalangeal joint and the first metatarsal. There is tenderness of the tibialis posterior and hypersensitive at the medial plantar nerve. The Tinel's test is positive on the right with pain associated with the tarsal tunnel. The Magnetic Resonance Imaging (MRI) of the right foot dated 5-1-15 reveals moderate posterior tibial tendinosis, chronic complete full thickness tears of the anterior talofibular and calcaneofibular ligaments. There is moderate plantar fasciitis with a large inferior calcaneal bone spur. Treatment to date has included pain medication , topical creams, diagnostics, bracing, laser therapy at least 6 sessions, nerve blocks (helpful while the anesthetic was in place), and other modalities. The requested service included Triple nerve decompression, right foot. The original Utilization review dated 9-2-15 non-certified the request for Triple nerve decompression, right foot.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Triple nerve decompression, right foot:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Ankle and Foot Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Medical History, Physical Examination, Surgical Considerations.

**Decision rationale:** The injured worker record reports multiple diagnoses characterizing a complex impairment of the right lower extremity, with indicators of neural impairment inclusive from the knee distally to the foot. Diagnosis is based upon physical examination, which in this case is based on the recorded subjective responses of the injured worker. Per MTUS guidelines and by recorded observation, the patient's clinical responses require objective endorsement. CRPS, causalgia, diabetic neuropathy, right knee DJD, ankle dyscrasia, metatarsalgia, fasciitis and soleal sling involvement are identified and minimally supported by specialty study. Corroborative tests for proximal and distal tibial nerve dysfunction alone, may include: EMG, Nerve biopsy, nerve conduction studies, ultrasound and MRI (N). The record provides no evidence of objective neurodiagnostic study. Discrete lesion is not identified in the record. Assurance of both short term and long-term benefit from the proposed surgical measures is not substantiated by the record. As per MTUS guidelines, the proposed surgical procedures cannot be certified as medically necessary.