

<b>Case Number:</b>	CM15-0197820		
<b>Date Assigned:</b>	10/13/2015	<b>Date of Injury:</b>	09/06/2011
<b>Decision Date:</b>	12/01/2015	<b>UR Denial Date:</b>	09/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2015

### 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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 61 year old female, who sustained an industrial injury on 9-6-11. The injured worker is diagnosed with left retrocalcaneal exostosis with insertional achilles tendinosis. Her work status is modified duty. A note dated 8-19-15 reveals the injured worker presented with complaints of left heel pain with occasional "dysthesias" that radiates to the left leg. The pain is present with weight bearing as well as non-weight bearing and she experiences low back pain and numbness in the left foot. A physical examination dated 8-19-15 revealed "positive left extremity pedal pulses, positive Bowstring test, straight leg test and Tinel's sign to left tarsal tunnel, pain to porta-pedis infra-calcaneal nerve-hypoesthesia to medial heel left and dorsal left foot and notable left extremity weakness". There is pain to palpation at the "retrocalcaneal area-region of exostosis and distal achilles tendon, as well at the porta-pedis" and lumbar spine. Treatment to date has included casting, cortisone injections (x3), cam boot, bone stimulator, physical therapy and medication. The therapeutic response was not included. Diagnostic studies to date have included an MRI and an x-rays revealed high calcaneal inclination angle with prominent posterior superior aspect of calcaneus-moderate sized retro-calcaneal exostosis, per physician note dated 8-19-15. A request for authorization dated 9-11-15 for custom molded orthotics (1 pair) is non-certified and referral to a neurologist for EMG-NVC is modified to a referral to a neurologist, per Utilization Review letter dated 9-16-15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Custom molded orthotics, 1 pair: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Ankle and Foot Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), TWC Ankle & Foot Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot (Acute & Chronic) Orthotic devices.

**Decision rationale:** The injured worker sustained a work related injury on 9-6-11. The medical records provided indicate the diagnosis of left retrocalcaneal exostosis with insertional achilles tendinosis. Treatments have included casting, cortisone injections (x3), cam boot, bone stimulator, physical therapy and medication. The medical records provided for review do not indicate a medical necessity for Custom molded orthotics, 1 pair. The MTUS is silent on custom orthotics, but the Official Disability Guidelines recommends both prefabricated and custom orthotic devices for plantar heel pain (plantar fasciitis, plantar fasciosis, and heel spur syndrome). The injured worker has not been diagnosed of any of the above listed conditions, therefore is not medically necessary.

**Referral to neurologist for EMG/NCV: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Harris J Occupational Medicine Practice Guidelines, 2nd Edition (2004), pp.362.

**MAXIMUS guideline:** Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Summary. Decision based on Non-MTUS Citation Tarsal Tunnel Syndrome [http://www.wheelsonline.com/ortho/tarsal\\_tunnel\\_syndrome](http://www.wheelsonline.com/ortho/tarsal_tunnel_syndrome).

**Decision rationale:** The injured worker sustained a work related injury on 9-6-11. The medical records provided indicate the diagnosis of left retrocalcaneal exostosis with insertional achilles tendinosis. Treatments have included casting, cortisone injections (x3), cam boot, bone stimulator, physical therapy and medication. The medical records provided for review do indicate a medical necessity for Referral to neurologist for EMG/NCV. The medical records indicate the injured worker had traumatic injury to the left ankle as a result of which the injured worker had ankle surgery. Nevertheless, the injured worker has continued to experience pain in the left foot. The pain is associated with numbness and tingling, and radiation to the left leg. Examination was positive for straight leg raise and Tinels sign in the foot. Although the MTUS does not recommend electrodiagnostic studies without clinical findings of tarsal syndrome of the foot, Wheeler's test book of Orthopedics recommends nerve studies including EMG for the diagnosis of tarsal tunnel syndrome, a nerve compression syndrome involving the tibial nerve around the medial malleolus. Either a neurologist or physiatrist usually does such tests. Additionally, considering the injured worker was noted to have positive straight leg, one of the features of

herniated disc, also, a differential for tarsal tunnel syndrome, it is medically necessary, and appropriate to have a neurologist evaluate the worker. The official Disability Guidelines recommends electrodiagnostic studies before surgery for Tarsal Tunnel syndrome IS medically necessary.