

Case Number:	CM15-0029276		
Date Assigned:	02/24/2015	Date of Injury:	01/24/2009
Decision Date:	05/01/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/17/2015

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

Certification(s)/Specialty: Orthopedic Surgery

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 62-year-old female who reported an injury on 01/10/2010. The mechanism of injury was not specified. Her diagnoses included tarsal tunnel syndrome of the left foot. Past treatments included 24 sessions of physical therapy, medications, and home exercise program. Her surgical history included bilateral plantar fascial release in 07/2013 and tarsal tunnel release of the right foot on 06/13/2014. On 01/12/2015, the injured worker was seen for an evaluation. She presented in the office ambulating in full weight bearing status. She reported continued difficulty with prolonged ambulation and prolonged weight bearing status. Physical examination revealed dorsalis pedis and posterior tibial pulses were 2+/4 and palpable bilaterally. Neurological findings, including Tinel's and Phalen's signs, were post on the left, absent on the right. Deep tendon reflexes were 2+/4 with normal sensation and normal muscle strength. Current medications were noted to include tramadol and unspecified topical medication; dosage and frequency not provided. The treatment plan included surgical intervention and reassessment. A request was received for tarsal tunnel release of the left foot and associated surgical services: knee walker, Cam walker, hot/cold therapy unit, interferential unit, shower boot, and 12 sessions of postoperative physical therapy for the left foot. The rationale for the request was not provided. The Request for Authorization form was dated 01/29/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tarsal tunnel release of the left foot: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle and Foot (updated 12/22/14).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot, Surgery for tarsal tunnel syndrome.

Decision rationale: The Official Disability Guidelines recommend tarsal tunnel release of the left foot after at least 1 month of conservative treatment with evidence of clinical findings and positive electrodiagnostic studies of tarsal tunnel syndrome. The clinical information indicated that the injured worker completed at least 24 sessions of physical therapy between 09/04/2014 and 12/19/2014. The clinical information also indicated that the patient reported continued difficulty with prolonged ambulation and weight bearing status. However, an EMG/NCV dated 11/14/2013, was noted to evidence suggestive but not confirmatory of tarsal tunnel syndrome. Given the absence of the information indicated above, the request is not supported. Therefore, the request for Tarsal tunnel release of the left foot is not medically necessary.

Associated surgical service: Knee walker: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Walking aids.

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

Associated surgical service: Cam walker: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot, Continuous flow cryotherapy.

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

Associated surgical service: Hot/cold therapy unit: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

Associated surgical service: Interferential unit: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

Associated surgical service: Shower boot: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Durable medical equipment.

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

12 sessions of postoperative physical therapy (three times a week for four weeks) for the left foot: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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