

Case Number:	CM15-0042039		
Date Assigned:	03/12/2015	Date of Injury:	10/27/2010
Decision Date:	05/06/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/05/2015

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, Sports 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 50-year-old female who reported an injury on 10/27/2010. According to the documentation provided, the injured worker was holding the hand of a 5-year-old student when her right upper extremity was pulled backwards, causing injury to the right shoulder and right scapular region. The injured worker was initially treated with medication, an injection, and physical therapy for the shoulder. The current diagnoses include tarsal tunnel syndrome of the right foot, sprain to the right foot and ankle, and painful gait. The injured worker presented on 12/03/2014 for a follow-up podiatric evaluation. The injured worker had difficulty with ambulation and was pending further intervention. Upon examination, there were 2+ pulses, minimal telangiectasis, intact sensation, and 5/5 motor strength. There was a positive Tinel's and Valleix sign radiating up the right lower extremity as well as down to the great toe. The injured worker demonstrated continuation of symptomatology to active eversion, squatting, crouching, and toe walking and standing. There was no significant interval improvement noted. The injured worker demonstrated pain, difficulty with weight bearing status, and painful weight bearing gait. The provider indicated the injured worker's findings were consistent with severe tarsal tunnel syndrome. Conservative treatment had been exhausted and recommendations included a surgical intervention. A tarsal tunnel release of the right foot with posterior tibial nerve decompression and postoperative durable medical equipment was recommended. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tarsal tunnel release and posterior tibial nerve decompressions of the right 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 (ODG) Ankle & Foot (updated 12/22/14) Surgery for tarsal tunnel syndrome.

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 Chapter, Surgery for tarsal tunnel syndrome.

Decision rationale: The Official Disability Guidelines recommend surgery for tarsal tunnel syndrome after conservative treatment for at least 1 month. Patients with clinical findings and positive electrodiagnostic study of tarsal tunnel syndrome warrant surgery when significant symptoms do not respond to conservative management. In this case, it is noted that the injured worker underwent electrodiagnostic testing on 2 separate occasions on 12/16/2008 and 01/22/2014, which failed to indicate evidence of right tarsal tunnel syndrome. Although the injured worker has been previously treated with conservative therapy for the upper extremity, there was no evidence of a recent attempt at any conservative management for the right lower extremity. Given the above, the request is not medically appropriate at this time.

Post-op physical therapy three times a week for four weeks (12 sessions): 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 (updated 12/22/14) physical therapy (PT).

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.

Post-op 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 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.

Post-op 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 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.

Post-op hot/cold therapy; rental or purchase unspecified: 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.

Post-op IF unit; rental or purchase unspecified: 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.

Post-op 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 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.