

Case Number:	CM15-0044548		
Date Assigned:	03/16/2015	Date of Injury:	09/21/2014
Decision Date:	08/19/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/09/2015

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 a 39-year-old female who reported injury on 09/21/2014. The mechanism of injury was the injured worker slipped on slippery soil while picking blackberries. Prior treatments included immobilization with an E boot. Treatment to date was noted to include aspiration/cortisone injection; activity modification; crutches; medications; cast/immobilization; and E boot. The injured worker underwent electrodiagnostic studies on 01/29/2015, which revealed no evidence of tarsal tunnel syndrome of the right lower extremity. There was a request for authorization submitted for review dated 02/10/2015. The documentation of 02/04/2015 revealed the injured worker continued to have pain on the medial side of the right ankle, and was wearing an E boot. The medications included Advil, Naprosyn, and Norco 5/325. The injured worker was noted not to be a smoker. The injured worker underwent an MRI of the right ankle on 12/01/2014, which revealed a multilobulated ganglion within the tarsal tunnel, measuring 7 x 4 x 4 mm; a dorsal ganglion measuring 5 x 7 x 3 mm, likely arising from the talonavicular joint; and a dorsal ganglion measuring 5 x 6 x 4 mm, likely arising from the navicular cuneiform joint. There was a mild posterior tibial tendinosis at its insertion on an os navicular. There was no bone marrow edema across the synchondrosis. There was no tendon tear or tenosynovitis. There were intact ligaments, including the anterior talofibular ligament. The documentation of 12/05/2014 revealed the injured worker had been immobilized for 2.5 months in casts. The medications had been giving some relief. The injured worker was getting more shooting pain down her foot, especially when she is not wearing the e boot. The injured worker was noted to have sustained a fracture of the navicular. Surgical history was stated to be none. The

medications included Advil and Naprosyn. The physical examination revealed tenderness to palpation with edema along the medial aspect of the right ankle. There was no point tenderness to the navicular tuberosity. There was moderate to severe tenderness along the course of the posterior tibial tendon. The tendon was swollen. There was tenderness overlying the anterior talofibular ligament and the lateral ankle gutter. The point of maximum tenderness was over the tarsal tunnel, just inferior to the posterior tibial tendon. There was a palpable mass. The injured worker had a severely antalgic gait and could not bear weight. The x-rays of the right foot revealed lucency at the tip of the navicular tuberosity, with mild sclerosis. There did not appear to be any dislocation present. The Lisfranc joint area appeared to be without avulsion fracture or increased gap. The injured worker underwent ankle x-rays on 11/17/2014, which revealed no irregularity of the lateral malleolus, but there was a fracture versus accessory navicular. The ankle joint notice was well retained. There was noted to be no change. Diagnoses included doubt non-displaced fracture of the navicular; no OCD of the ankle; posterior tibial tendon injury, possible partial rupture, right foot; multilobulated ganglion within the tarsal tunnel; and dorsal ganglion likely arising from the talonavicular joint, and a dorsal ganglion likely arising from the navicular cuneiform joint. The treatment plan included surgical intervention.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tarsal tunnel release: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 1043-1044. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle and 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 Chapter, Surgery for Tarsal tunnel syndrome.

Decision rationale: The Official Disability Guidelines indicate that surgery for tarsal tunnel includes conservative treatment for at least 1 month, and when conservative therapy fails to alleviate the injured worker's symptoms, surgical intervention may be required. There should be documentation of objective clinical findings and positive electrodiagnostic studies supporting tarsal tunnel syndrome. In this case, conservative care would not be appropriate and there would be no need for positive electrodiagnostic studies. The injured workers tarsal tunnel release would be supported due to the multiple ganglion cysts that are present on MRI. Given the above, the request for tarsal tunnel release is medically necessary.

PT tendon debridement w/possible augmentation: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 1043-1044. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle and 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 Chapter, Surgery for posterior tibial tendon ruptures.

Decision rationale: The Official Disability Guidelines indicate that conservative treatment for posterior tibial tendon dysfunction includes rest, non-steroidal anti-inflammatory drugs such as Aspirin or Ibuprofen, and immobilization of the foot for 6 to 8 weeks with a rigid below-knee cast or boot to prevent overuse and if conservative treatments don't work, surgery is necessary. The documentation indicated the injured worker had received conservative treatment for 2.5 months. The MRI revealed tendinosis of the posterior tibialis anterior to support the necessity for the debridement. Given the above, the request for PT tendon debridement with possible augmentation is medically necessary.

Ganglion cyst excision: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 1043-1044. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle and 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 Chapter, Ganglion cyst removal.

Decision rationale: The Official Disability Guidelines indicate that ganglion cyst removal is recommended if the cyst is painful; the ganglion cyst is pushing directly on a nerve; and can cause nerve damage. When the ganglion cyst is large enough, it makes it difficult to wear shoes. The clinical documentation submitted for review indicated the injured worker had multiple ganglion cysts. There was documentation that the cysts were pressing on the injured worker's nerves, and the injured worker had an inability to stand on her foot to perform weight bearing activities. Given the above, the request for ganglion cyst removal/ganglion cyst excision is medically necessary.

Graft jacket implant: Overturned

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 & Foot Chapter, Surgery for posterior tibial tendon ruptures.

Decision rationale: The Official Disability Guidelines indicate that conservative treatment for posterior tibial tendon dysfunction includes rest, non-steroidal anti-inflammatory drugs such as aspirin or ibuprofen, and immobilization of the foot for 6 to 8 weeks with a rigid below-knee cast or boot to prevent overuse and if conservative treatments do not work, surgery is necessary. The documentation indicated the injured worker had received conservative treatment for 2.5 months.

The MRI revealed tendinosis of the posterior tibialis anterior to support the necessity for the debridement. The Graft jacket implant would be utilized during the requested surgery. As such, the request for graft-jacked implant is medically necessary.