

<b>Case Number:</b>	CM14-0160475		
<b>Date Assigned:</b>	10/06/2014	<b>Date of Injury:</b>	10/27/2010
<b>Decision Date:</b>	11/03/2014	<b>UR Denial Date:</b>	09/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2014

### 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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 claimant is a 49-year old female who sustained a vocational injury working as a behavioral therapist on 10/27/10. The medical records provided for review included the office note dated 08/27/14, noting that the claimant had right foot pain and was taking Tramadol, Tekturna, Naproxen, and Edarbyclor. The claimant had pain upon palpation of the medial aspect of the foot on the tarsal tunnel at the posterior tibial nerve region. Physical examination revealed strength testing was within normal limits, a positive Tinel's sign, and the claimant had radiating pain up her leg and down to the level of the big toe on percussion, palpation, and traction of the right foot causing pain. The claimant described pain with weight bearing and difficulty squatting, crouching, toe walking and toe standing, heel walking and heel standing. She also had poor analgic ambulation but had shown improvement with her ambulatory status. Diagnosis was tarsal tunnel syndrome of the right foot, sprain of the right foot and ankle and a painful gait. The office note dated 08/27/2014, documented that an MRI showed an osteochondral irregularity of the right foot at the calcaneocuboid joint, capsulitis of the first metatarsophalangeal joint. It was also documented that EMG/nerve conduction studies confirmed peroneal neuropathy and tarsal tunnel syndrome of the right foot. The report of the EMG/nerve conduction study dated 01/22/14, documented that the nerve conduction study of the bilateral lower extremities was within normal limits; the EMG of the lower extremities was consistent with right S1 acute denervation changes. The 08/27/14 office note documented that the claimant had had significant conservative treatment but did not identified treatment modalities. The recommendation was made for tarsal tunnel release of the posterior tibial nerve decompression of the right foot. The medical records did not identify the conservative treatment provided to the claimant.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tarsal tunnel release with posterior tibial nerve decompression, 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, Ankle & Foot, 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); Foot & Ankle chapter: Surgery for tarsal tunnel syndrome.

**Decision rationale:** The California ACOEM Guidelines recommend that there should be clear clinical imaging evidence of a lesion that has been shown to benefit both the short and long term surgical repair. In addition, there should be documentation of activity limitation of more than one month without signs of functional improvement and failure of exercise programs to increase range of motion strength of the musculature around the ankle and foot. The Official Disability Guidelines note that prior to considering surgical intervention for tarsal tunnel syndrome, there should be documentation of a minimal of one month conservative treatment. The medical records provided for review do not contain documentation to establish the type, duration, and response to conservative treatment. In addition, the formal EMG/Nerve conduction study report available for review fails to establish that there is pathology at the tarsal tunnel syndrome that would be amendable to surgery and also conflicts with the provider's documentation of 08/27/14, that there was neuropathy and pathology at the tarsal tunnel. Therefore, based on the documentation presented for review and in accordance with the California ACOEM Guidelines, the request for tarsal tunnel release for posterior tibial nerve decompression of the right foot cannot be considered medically necessary.

**Post op knee walker:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & leg, Walking aids (canes, crutches, braces, orthoses, & walkers)

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

**Decision rationale:** The requested operative procedure has been deemed not medically necessary. Therefore, the request for post-op knee walker would also not be medically necessary.

**Post-op cam walker:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & leg, Walking aids (canes, crutches, braces, orthoses, & walkers)

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

**Decision rationale:** The requested operative procedure has been deemed not medically necessary. Therefore, the request for a post-op cam walker is also not medically necessary.

**Post-op hot/cold therapy (type not specified):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CMS, 2005

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

**Decision rationale:** The requested operative procedure has been deemed not medically necessary. Therefore, the request for a post-op cam walker is also not medically necessary.

**IF unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 120.

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

**Decision rationale:** The requested operative procedure has been deemed not medically necessary. Therefore, the request for an IF Unit is also not medically necessary.

**Post-op shower boot:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CMS, 2005

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

**Decision rationale:** The requested operative procedure has been deemed not medically necessary. Therefore, the request for a post-op shower boot is also not medically necessary.

**Post-op physical therapy three times a week for four weeks, for the right foot Quantity: 12:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

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

**Decision rationale:** The requested operative procedure has been deemed not medically necessary. Therefore, the request for Post-op physical therapy three times a week for four weeks, for the right foot Quantity: 12, is also not medically necessary.