

Case Number:	CM14-0115559		
Date Assigned:	08/01/2014	Date of Injury:	10/04/2010
Decision Date:	05/13/2015	UR Denial Date:	06/28/2014
Priority:	Standard	Application Received:	07/23/2014

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. 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 51-year-old male who reported injury on 10/04/2010. The mechanism of injury was cumulative trauma. The injured worker was noted to have received a steroid injection into one heel or the other, shock treatments, and physical therapy type modalities. There was a Request for Authorization submitted for review dated 05/23/2014. The injured worker underwent electrodiagnostic studies on 04/30/2014, which revealed mild delay in the plantar branch distal latency bilaterally. There were absent peroneal F response bilaterally. The findings were noted to be suggestive of mild tarsal tunnel bilaterally, with only the medial plantar branch mildly delayed bilaterally. The documentation of 04/07/2014 revealed the injured worker had bilateral foot pain. The surgical history was noncontributory. The medications included Norco. The injured worker was noted to be a tobacco user. The injured worker had second, third, and fourth hammertoes bilaterally. The injured worker had tenderness in the plantar fascia mid substance tarsal tunnel bilaterally. The injured worker had positive Tinel's sign at the tarsal tunnel bilaterally. The injured worker had decreased sensation at the deep peroneal and lateral plantar. An x-ray examination of the bilateral feet on 04/07/2015 revealed bilateral bipartite, tibial sesamoids, and Achilles traction spurs. There was a left plantar calcaneal spur. The diagnoses included pain in joint, ankle or foot. Treatment plan included an EMG/NCV to rule out tarsal tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Tarsal Tunnel Release and Medial Plantar Nerve Decompression: 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 (Acute & Chronic).

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 tarsal tunnel syndrome surgery is recommended after conservative treatment for at least 1 month. There should be documentation of objective clinical findings that are corroborated by electrodiagnostic studies to support surgery when significant symptoms do not respond to conservative management. There was a lack of documentation indicating the specific conservative care that was provided. The duration of care was not provided. The injured worker had objective findings upon physical examination and electrodiagnostics. Given the above and the lack of documentation, the request for (1) bilateral tarsal tunnel release and medial plantar nerve decompressions is not medically necessary.

Post-Operative Physical Therapy (12-sessions): 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.

Surgery Assistant: 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: One Pair of Crutches: 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: One Pair of Cam Walker Boots: 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: One Pair of Post-Operative Shoes: 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.