

<b>Case Number:</b>	CM14-0118495		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	05/07/2012
<b>Decision Date:</b>	01/05/2015	<b>UR Denial Date:</b>	07/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2014

### 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 Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Tennessee. 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:

This is a 25 year old female with a 5/7/12 injury date. In a 6/11/14 note, the patient complained of continued bilateral ankle pain with the pain greatest at the left posterior heel and left medial foot and ankle. Objective findings included intact vibratory sensation, normal monofilament sensory testing, increased tenderness over the posterior tibialis tendon insertion on the navicular, increased tarsal tunnel tenderness, negative Tinel's sign over the tibial nerve, and 4/5 strength posterior tibialis. The provider performed a diagnostic and therapeutic cortisone injection to the tarsal tunnel. The patient expressed mild relief of symptoms and the plantar aspect of the foot became warm compared to the contralateral, indicating anesthesia of the tibial nerve. A 2/3/14 left foot MRI showed degenerative changes of the midfoot. Diagnostic impression: left foot posterior tibialis tendon dysfunction, tarsal tunnel syndrome. Treatment to date: s/p left ankle arthroscopy and lateral ankle stabilization, physical therapy, medications including NSAIDS, cortisone injection to tarsal tunnel, ankle brace. A UR decision on 7/10/14 denied the request for retroauthorization of a 6/11/14 tarsal tunnel injection because there was not a positive Tinel's sign, the MRI was negative for ligament and tendon pathology, and there were no electrodiagnostic studies.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro 6/11/14: Tarsal Tunnel Injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371,Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369-371. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Ankle and Foot Chapter--Injections.

**Decision rationale:** CA MTUS states that invasive techniques (e.g., needle acupuncture and injection procedures) have no proven value, with the exception of corticosteroid injection into the affected web space in patients with Morton's neuroma or into the affected area in patients with plantar fasciitis or heel spur if four to six weeks of conservative therapy is ineffective. In addition, ODG states that while evidence is limited, therapeutic injections are generally used procedures in the treatment of patients with ankle or foot pain or pathology. However, there was not enough information to confirm a diagnosis of tarsal tunnel syndrome prior to the injection. Tinel's sign over the tibial nerve was negative, the MRI showed only midfoot degenerative changes, and there was no electrodiagnostic study. In addition, the guidelines generally do not support tarsal tunnel injections. Therefore, the request for retro 6/11/14: tarsal tunnel injection is not medically necessary.