

Case Number:	CM14-0206301		
Date Assigned:	12/18/2014	Date of Injury:	07/31/2003
Decision Date:	02/25/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/09/2014

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

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

60 year old female claimant with an industrial injury dated 07/31/03. Exam note 11/10/14 states the patient returns with right ankle pain. The patient explains that the pain is surrounding the right medial area of the ankle and the pain is radiating throughout the leg and worsening. Conservative treatments have included medications, an AFO brace, and cortisone injections with little benefit. Current medications include Norco, Omeprazole, ibuprofen, Wellbutrin, Cyclobenzaprine, hydrocodone-acetaminophen, and Voltaren. Upon physical exam the patient demonstrated normal posture, and required an assistive device of a cane for mobility. There was no obvious mass or swelling surrounding the right foot. Exam Tinel's sign is noted as positive with radiation into the lower leg and arch of the foot. The patient demonstrated a sharp pain at the right tarsal tunnel of the right foot. Treatment includes a continuation of medications for pain relief, and tarsal tunnel decompression.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tarsal tunnel decompression: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: CA MTUS/ACOEM is silent on the issue of tarsal tunnel decompression. According to ODG guidelines, Surgery for tarsal tunnel is "indicated after failure of conservative care for at least one month. Patients with clinical findings and positive electrodiagnostic studies of tarsal tunnel syndrome warrant surgery when significant symptoms do not respond to conservative management. When conservative therapy fails to alleviate the patient's symptoms, surgical intervention may be warranted since space-occupying masses require removal." In this case there is lack of electrodiagnostic evidence of tarsal tunnel syndrome or failed conservative management from the exam note of 11/10/14 to warrant tarsal tunnel release. Therefore the determination is for non-certification.