

<b>Case Number:</b>	CM15-0124355		
<b>Date Assigned:</b>	07/08/2015	<b>Date of Injury:</b>	07/09/2013
<b>Decision Date:</b>	09/22/2015	<b>UR Denial Date:</b>	06/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/29/2015

### 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, Indiana, Oregon  
 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:

The injured worker is a 28 year old female, who sustained an industrial injury on 7/9/13. The injured worker has complaints of lower extremity pain. The pain is localized to the right ankle, foot and heel and the pain travels to her right knee and calf and worsens with weight-bearing. The documentation noted right lower extremity had diffuse tenderness to palpation present with range of motion restriction, ankle pain with motion. Left lower extremity examination revealed no joint or limb tenderness to palpation, no edema present, no ecchymosis or skin lesion noted and joint stability within normal limits. The documentation noted pain to light touch of the right ankle and foot is most consistent with neuropathic pain. The diagnoses have included chronic pain syndrome; myofascial pain and tarsal tunnel syndrome. Treatment to date has included rest; medications; injections; topical roll-on medications; electromyography/nerve conduction velocity showed right tarsal tunnel syndrome and tarsal tunnel release and plantar fasciotomy with heel spur excision surgery. The request was for right tarsal tunnel release; right fasciotomy with scar tissue release; right gastrocnemius recession; associated surgical service, pneumatic walking boot and associated surgical service, knee walker (roll-a-bout).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Tarsal Tunnel Release:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

**Decision rationale:** CAMTUS/ACOEM is silent on surgery for tarsal tunnel syndrome. ODG foot and ankle recommends release for symptoms of tarsal tunnel with positive electrodiagnostic studies after conservative measures such as splinting, NSAIDs and injection management have failed. In this case, no injection therapy has been trialed and the request is not medically necessary.

**Right Fasciotomy with Scar Tissue Release:** Upheld

**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) Foot.

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of surgery for plantar fasciitis. Per the ODG Ankle and Foot, surgery for plantar fasciitis, plantar fascia release is reserved for a small subset of patients who have failed at least 6-12 months of conservative therapy. In this case there is insufficient evidence in the cited records of failed injection to support plantar fascia release. Therefore the request is not medically necessary.

**Right Gastrocnemius Recession:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374.

**Decision rationale:** CA MTU/ACOEM Chapter 14 page 374 discusses surgical indication in the foot and ankle and require activity limitation for more than one month without sign of improvement, failure of exercise program to increase range of motion and strength AND the clear imaging evidence of a lesion shown to benefit from surgical treatment. In this case there is no evidence of exercise program of MRI imaging of achilles pathology. The request is not medically necessary.

**Associated Surgical Service: Pneumatic Walking Boot:** 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: Knee Walker (Roll-A-Bout):** 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.