
Notice of Independent Medical Review Determination

Dated: 10/16/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/18/2013
Date of Injury:	11/21/2000
IMR Application Received:	7/23/2013
MAXIMUS Case Number:	CM13-0002742

- 1) MAXIMUS Federal Services, Inc. has determined the request for left tarsal tunnel release and medial plantar nerve **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for medial and lateral plantar, medial calcaneal nerve release **is not medically necessary and appropriate.**

An application for Independent Medical Review was filed on 7/23/2013 disputing the Utilization Review Denial dated 7/18/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/26/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for left tarsal tunnel release and medial plantar nerve **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for medial and lateral plantar, medial calcaneal nerve release **is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent Expert Reviewer who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is a Licensed Podiatrist, and is licensed to practice in New York. 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 treatments and/or services at issue.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 18, 2013:

“This is a female patient that is under the care of [REDACTED], DPM for treatment of suspected tarsal tunnel syndrome. The office notes dated 07/11/2013 related that the patient had received an injection to the tarsal tunnel and that her current pain level was 3/10. She had been receiving K-laser therapy for the condition. The examination noted focal nerve compression finding with Tinel's sign and decreased pinwheel on the left foot tarsal tunnel area with radiation to the plantar hallux. There is a decreased response to tactile stimulation on the sole of the foot with only sural and plantar lateral foot sensation to pinwheel. There is a positive Tinel's to the third interspace of the left foot, and to deep peroneal nerve at the base of the 1st interspace deep to the extensor hallucis brevis with distal radiation to webspace dorsally. There are no diagnostic studies in the available documentation.”

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application for Independent Medical Review received on 07/23/2013
- Utilization Review Determination from [REDACTED] (dated 07/18/2013)
- Employee medical records from [REDACTED] (dated 07/31/2013)
- Employee medical records from Employee representative (08/28/2013)
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for Left Tarsal Tunnel Release and Medial Plantar Nerve :

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), Ankle Chapter, Surgery for Tarsal Tunnel Syndrome section and Surgery for Plantar Fasciitis section, which is a medical treatment guideline that is not part of the California Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer relied on the MTUS Ankle and Foot Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 14, Surgical Consideration section), which is part of the MTUS.

Rationale for the Decision:

The employee was injured on 11/21/2000 and has been treated for suspected tarsal tunnel syndrome. A clinic note dated 7/11/2013 documents the employee underwent an injection to the tarsal tunnel and that her current pain level is 2/10 to 3/10. Examination revealed focal nerve compression with positive Tinel's sign and decreased pinwheel on the left foot tarsal tunnel area with radiation to the plantar hallux. There is a decreased response to tactile stimulation on the sole of the foot with only sural and plantar lateral foot sensation to pinwheel. There is a positive Tinel's to the third interspace of the left foot, and to deep peroneal nerve at the base of the first interspace deep to the extensor hallucis brevis with distal radiation to webspace dorsally. Electrodiagnostic studies on 8/14/2013 demonstrated evidence for acute left lumbosacral radiculopathy most likely at L5-S1. A request was submitted for left tarsal tunnel release and medial plantar nerve.

The ACOEM guidelines indicate that referral for surgical consultation may be indicated for patients who have: (1) Activity limitation for more than one month without signs of functional improvement; (2) Failure of exercise program to increase range of motion and strength of the musculature around the ankle and foot; and/or (3) Clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. The records submitted and reviewed do not document that electrodiagnostic studies have demonstrated tarsal tunnel syndrome on the left side. The request for left tarsal tunnel release and medial plantar nerve **is not medically necessary and appropriate.**

2) Regarding the request for Medial and Lateral Plantar, Medial Calcaneal Nerve Release :

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), Ankle Chapter, Surgery for Tarsal Tunnel Syndrome section and Surgery for Plantar Fasciitis section, which is a medical treatment guideline that is not part of the California Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The

Expert Reviewer relied on the MTUS Ankle and Foot Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 14, Surgical Consideration section), which is part of the MTUS.

Rationale for the Decision:

The employee was injured on 11/21/2000 and has been treated for suspected tarsal tunnel syndrome. A clinic note dated 7/11/2013 documents the employee underwent an injection to the tarsal tunnel and that her current pain level is 2/10 to 3/10. Examination revealed focal nerve compression with positive Tinel's sign and decreased pinwheel on the left foot tarsal tunnel area with radiation to the plantar hallux. There is a decreased response to tactile stimulation on the sole of the foot with only sural and plantar lateral foot sensation to pinwheel. There is a positive Tinel's to the third interspace of the left foot, and to deep peroneal nerve at the base of the first interspace deep to the extensor hallucis brevis with distal radiation to webspace dorsally. Electrodiagnostic studies on 8/14/2013 demonstrated evidence for acute left lumbosacral radiculopathy most likely at L5-S1. A request was submitted for medial and lateral plantar, medial calcaneal nerve release.

The ACOEM guidelines indicate referral for surgical consultation may be indicated for patients who have: (1) Activity limitation for more than one month without signs of functional improvement; (2) Failure of exercise program to increase range of motion and strength of the musculature around the ankle and foot; and/or (3) Clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. The records submitted and reviewed do not document that the employee has clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. The employee's electrodiagnostic studies did not show nerve impingement on the left side. The request for medial and lateral plantar, medial calcaneal nerve release **is not medically necessary and appropriate.**

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely;

Richard C. Weiss, MD, MPH, MMM, PMP
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/sab

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.