
Notice of Independent Medical Review Determination

Dated: 10/22/2013

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/8/2013

10/2/2011

7/25/2013

CM13-0003462

- 1) MAXIMUS Federal Services, Inc. has determined the request for right tarsal tunnel release **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Post-Op Physical Therapy (3) three times a week for (4) weeks **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/25/2013 disputing the Utilization Review Denial dated 7/8/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/31/2013. 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 right tarsal tunnel release **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Post-Op Physical Therapy (3) three times a week for (4) weeks **is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation has and is licensed to practice in California. 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 8, 2013:

“The claimant is a 50-year-old female injured on October 2, 2001 sustaining an injury to her low back while transporting a box of objects. She was treated for her low back complaints as well as diagnosis of right foot and ankle injury when she subsequently fell down a flight of steps in 2007. Recent clinical progress reports available to review include a June 3, 2012 assessment stating follow-up of recent electrodiagnostic studies with physical examination showing “positive tarsal tunnel syndrome to the right foot” to the right foot and tenderness noted over the plantar fascia to the right foot. There are no formal reports of electrodiagnostic studies, but it states that they were performed on May 23, 2013 that showed an acute left L2 through L5 radiculopathy, diminished peroneal nerve amplitudes and a left medial plantar sensory demyelinating neuropathy consistent with tarsal tunnel syndrome. Specific treatment to the claimant’s diagnosis of tarsal tunnel syndrome was not documented.”

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 (dated 7/25/13)
- Utilization Review Determination from [REDACTED] (AIG) (dated 7/8/13)

- Employee medical records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for right tarsal tunnel 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), which is not a part of MTUS. The Expert Reviewer found that MTUS did not apply to the issue at dispute and found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained a work-related injury on 10/2/2001 to the low back. Medical records provided for review indicate treatments have included and EMG/NCV study. The request is for right tarsal tunnel release.

Official Disability Guidelines state tarsal tunnel release is recommended after conservative treatment 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. The medical records provided for review did not contain documentation indicating that conservative treatment was attempted and failed. The request for right tarsal tunnel release **is not medically necessary and appropriate.**

2) Regarding the request for post-op physical therapy 3 times a week for 4 weeks:

Since the primary procedure is not medically necessary, none of the associated services are medically necessary

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

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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.