MAXIMUS FEDERAL SERVICES, INC.
Independent Medical Review
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MAXIMUS Federal Services

Notice of Independent Medical Review Determination

Dated: 11/4/2013

Employee:	
Claim Number:	
Date of UR Decision:	7/24/2013
Date of Injury:	2/17/2004
IMR Application Received:	8/1/2013
MAXIMUS Case Number:	CM13-0005422

1) MAXIMUS Federal Services, Inc. has determined the request for tarsal tunnel exploration right foot **is not medically necessary and appropriate.**

2) MAXIMUS Federal Services, Inc. has determined the request for medications-narcotics **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/1/2013 disputing the Utilization Review Denial dated 7/24/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/15/2013. 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 tarsal tunnel exploration right foot **is not medically necessary and appropriate.**

2) MAXIMUS Federal Services, Inc. has determined the request for medications-narcotics **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 Orthopedic Surgery 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.

Expert Reviewer Case Summary:
This claimant is a 61-year-old male. On 03/14/2012, a urinalysis revealed the presence of tramadol. On 07/19/2012, he was seen in clinic by [redacted], MD. At that time, he had continued complaints affecting multiple body parts, propensely his right foot. He reported chronic pain about the medial aspect of his right foot with morning numbness and radiation about the medial foot and into the sole of his foot. He states his lateral complaints are only after more prolonged activities. He has been using a TENS unit with temporary success. He was very apprehensive about the use of chronic narcotics or medications that had side effects, and he was reluctant to consider a spinal cord implant. On 09/02/2013, an AME Supplemental Report was submitted by [redacted], DPM. Records reviewed include surveillance video taken on 05/07/2012 through 05/09/2012 and from 06/10/2012 through 06/14/2012. On that video, he was performing activities such as prolonged walking 45 to 60 minutes at a time, stooping, bending, and gardening. During those activities, he did not exhibit any antalgic gait patterns and did not appear to be limping. It was determined that if that was the claimant, his symptoms were not consistent with what was seen on the video. He returned to clinic on 09/24/2012 and stated his right leg was so uncomfortable, he had been favoring it, so the additional stress went to his left leg, causing developed discomfort about his left great toe. On exam, he had valgus deformity to his left foot and had pronator deformity of his great toe. He had tenderness along the digital nerve on the medial side of his left great toe. On 03/14/2013, he returned to clinic for further evaluation by [redacted], MD. On exam, he had a 1 cm mobile mass associated with the anterior tibial tendon or anterior ankle joint. This mass did not feel firmly fixed to the tibia and the remained of his foot exam was otherwise unchanged. This was thought to be a fluid-filled cyst in the front of his ankle origin unclear. On 04/18/2013, an MRI of the right ankle was performed, demonstrating a 9 x 6 mm ganglion cyst, adjacent to the anterior tibialis tendon, near the navicular bone. This was in the region of a localized marker. He returned to clinic on 06/27/2013 with further evaluation by [redacted], MD. He wanted to discuss his right foot and ankle symptoms at that time, and he

described no improvement. He described sharp pain around the medial aspect of his foot with associated numbness and burning, radiating pain along the medial foot. On exam, he had a flexible mid-foot and tenderness was noted over the medial aspect of his anterior tibial tendon. He has a prominent Tinel's sign over the tarsal tunnel with radiating pain into the medial foot. MRI was reviewed, demonstrating a ganglion cyst about the anterior medial foot, medial to the anterior tibial tendon. It was noted he clearly had tarsal tunnel syndrome and a ganglion about his mid-foot with some degenerative changes in the pes planus of his foot. It was noted previous orthotics had been provided and had since been worn away and needed to be replaced. Request had been approved for and received lidocaine and steroid injection on that date to the region of his ganglion cyst. It was noted he would require a tarsal tunnel exploration. On 08/08/2013, he returned to clinic for further evaluation by [redacted], MD. It was noted that prior to the bilateral knee complaints, his left knee seemed to be his primary problem. It was noted he has had prior tarsal tunnel EMG, nerve conduction studies by an AME evaluator podiatrist. His primary concern relates to burning pain about the medial aspect of his right foot and his left anterior knee pain. Objectively, he had a flexible right ankle and subtalar joint and he had a positive Tinel's over the tarsal tunnel. He has paraesthesias radiating along the posterior tibial nerve pathway. He had no clinical instability to his knee. Plan at that time was to request tarsal tunnel release.

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 of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) **Regarding the request for** tarsal tunnel exploration right foot **:**

<u>Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision</u>:
The Claims Administrator did not cite any evidence based criteria for its decision.

The Expert Reviewer based his/her decision on the Ankle and Foot Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 14) pages, 374-375, which is part of the MTUS and the Official Disability Guidelines (ODG), Foot and ankle chapter, Surgery for tarsal tunnel syndrome, which is not part of the MTUS.

<u>Rationale for the Decision:</u>
The ACOEM guidelines indicate that surgical consideration should be given if there is activity modification for more than 1 month without signs of functional improvement, failure of exercise programs to increase range of motion and strength of the musculature around the ankle and foot, and clear clinical and imaging evidence of a lesion has been shown to benefit in both short and long term from surgical repair. The Official Disability Guidelines Foot and Ankle Chapter support ACOEM guidelines indicating that surgery for tarsal tunnel syndrome is "recommended after conservative treatment for at least 1 month."

Patients with clinical findings and positive electrodiagnostic studies of tarsal tunnel syndrome warrant surgery when significant symptoms do not respond to conservative management. The submitted medical report dated 08/08/2013 notes the employee "had prior tarsal tunnel EMG nerve conduction studies by an Agreed Medical Examiner (AME) evaluator and podiatrist." The records submitted for this review did not include EMG studies or nerve conduction studies. The MRI of the right ankle dated 04/18/2013 reveals a "9 x 6 mm ganglion cyst adjacent to the anterior tibialis tendon, near the navicular bone. This is in the region of localizing marker." This report does not discuss significant pathology to the tarsal tunnel. The records do not provide imaging evidence to support this request. The records discuss conservative care, including an orthotic, but no physical therapy notes were provided for this review. **The request for a tarsal tunnel exploration of the right foot is not medically necessary and appropriate.**

2) **Regarding the request for** medications-narcotics **:**

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision:
The Claims Administrator did not cite any evidence based criteria for its decision.

The Expert Reviewer based his/her decision on the Initial Approaches to Treatment (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 3) pages 47-48, and the Chronic Pain Medical Treatment Guidelines, Opioids, pages 78, 80-82, which are part of the MTUS.

Rationale for the Decision:
The MTUS Chronic Pain Guidelines advocate the use of the 4 A's, analgesia, activities of daily living, adverse side effects, and aberrant drug taking behavior. The records do not indicate efficacy, as the records do not describe a specific medication being utilized and does not indicate a VAS or pain scale currently. The ACOEM guidelines indicate the lowest possible dose should be prescribed to improve pain and function. The medical records submitted do not document a VAS score, do not provide a current drug screen to indicate aberrant behavior, or indicate the specific drug, dosing and strength being requested. **The request for medications-narcotics 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,

Paul Manchester, MD, MPH
Medical Director

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

/db

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.