

Case Number:	CM13-0003033		
Date Assigned:	12/11/2013	Date of Injury:	01/30/2002
Decision Date:	01/17/2014	UR Denial Date:	07/18/2013
Priority:	Standard	Application Received:	07/24/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in physical medicine and rehabilitation, has a subspecialty in pediatric rehabilitation medicine, 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 physician 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/services.

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 physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records: The patient is a 49-year-old who reported a work-related injury on 01/30/2002, specific mechanism of injury not stated. The clinical notes report the patient presents with complaints of left lower extremity pain. Electrodiagnostic studies of the left lower extremity dated 07/01/2013 performed by [REDACTED] revealed: (1) Electrodiagnostic evidence for a left common peroneal neuropathy with site of delayed latency and nerve conduction block noted 2 cm above the left fibular head. (2) There was electrodiagnostic evidence suggestive for a concomitant left L5 radiculopathy. Denervation was seen; however, the tiny fibrillation and positive sharp waves seen in the left posterior tibialis muscle are suggestive of a chronic rather than active radicular process. The clinical note dated 07/15/2013 reports the patient was seen under the care of [REDACTED]. The provider documents the patient was seen in clinic to review nerve conduction studies. The provider documented upon physical exam of the patient, tenderness at the left lateral knee, a positive Tinel's sign, and evidence of ankle dorsiflexion weakness were noted. The provider recommended surgical decompression of the peroneal nerve at the knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

One decompression of the common peroneal nerve of the left knee: Overturned

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 Wheelless Textbook of Orthopedics online edition 2013.

Decision rationale: The clinical notes evidence the patient continues to present with left greater than common peroneal neuropathy status post a work-related injury sustained multiple years ago. The requesting provider [REDACTED] documents the patient, upon physical exam, has tenderness about the left lateral knee, positive Tinel's sign, and ankle dorsiflexion weakness. Imaging study evaluation of the patient's bilateral lower extremities revealed a left common peroneal neuropathy with site of delayed latency and nerve conduction block noted above the left fibular head. California MTUS, ACOEM and Official Disability Guidelines do not specifically address the current request. However, Wheelless' Textbook of Orthopaedics indicates peroneal nerve palsy may lead to severe disability with subsequent foot drop and paresthesias. Additionally, Wheelless' indicates that there is no neurological improvement after 2 to 3 months and operative decompression is indicated. The request for one decompression of the common peroneal nerve of the left knee is medically necessary and appropriate.