

<b>Case Number:</b>	CM13-0036097		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	05/29/2013
<b>Decision Date:</b>	03/27/2014	<b>UR Denial Date:</b>	10/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2013

### 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 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. 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. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient is a 57 year old female who was injured on 05/29/2013. The patient was operating a machine when it suddenly shut down on its own and caused the patient to fall off, hit the floor with the patient's head, back, shoulders, legs, feet and arms. Prior treatment included physical therapy. Medications: Ibuprofen (Motrin) 600 mg Oral tab, take 1 tablet orally 3 x day. Diagnostic studies included an MRI of the ankle which was negative as well as X-rays which were negative. PR-2 dated 11/08/2013 documents the patient was not feeling better. Neuro examination revealed normal coordination, normal lower extremity reflexes and normal sensation. Muscle strength of lower extremities was 5+/5. Consultative evaluation report dated 11/08/13 indicated the patient had been having low back pain since falling down while working. Motor strength in the bilateral lower extremities was graded 5/5. Sensory exam revealed dullness in the dorsum of the right foot and negative provocative testing. Patient complained of lateral ankle swelling and shooting pain from the back down to the leg. There was tenderness at the peroneal retromalleolar distal fibula. There was no tenderness noted at the anterior ankle or calf. Muscle strength of the foot and ankle with no appreciable weakness (5/5), peroneals intact. Hindfoot/midfoot and forefoot motion is supple, unrestricted and pain free. The doctor states conservative treatment is exhausted and the patient has not improved. Pain localized to peroneals. Treatment recommendation was for right ankle exploration, possible peroneal tendon or retinaculum repair

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Ankle Exploration, possible Peroneal Tendon or Retinaculum Repair:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374-375.

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

**Decision rationale:** According to the CA MTUS, referral for surgical consultation is indicated for patients who have activity limitation for more than one 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; clear clinical and imaging evidence of a lesion. The patient is noted to have a normal MRI without evidence of a lesion, physical examinations from several different dates show no weakness and unrestricted and pain free motion of the hindfoot. Further, repairs are generally reserved for chronic instability as per the guidelines and most patients have satisfactory results with physical rehabilitation. There is not enough documentation on the type, frequency and outcome of physical rehabilitation for this patient.