MAXIMUS Federal Services

Case Number:	CM13-0040727		
Date Assigned:	12/20/2013	Date of Injury:	05/13/2013
Decision Date:	02/06/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/29/2013

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 Surgeon and Sports 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. 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:

The patient is a 52-year-old male who reported an injury on 05/13/2013 due to significant weight-bearing on the right foot and kicking items stuck to a forklift, causing an increase in pain in the ankle. The patient underwent an MRI of the right ankle that revealed a partial tear of the peroneal brevis tendon, marked tenosynovitis of the peroneal longus tendon, and evidence of chronic injury to the lateral ligament. An MRI of the right foot revealed a longitudinal split tear within the peroneus brevis tendon, early osteoarthritic changes of the metatarsal joints, and no other abnormal findings. The patient was initially treated with narcotics. The patient's most recent examination findings included 2+ edema of the right ankle, marked tenderness to palpation about the lateral ankle, particularly over the peroneal tendon tip of the lateral malleolus, and painful inversion and eversion. The patient's diagnoses included a tendon peroneal tear, ankle pain, tenosynovitis, and cavovarus foot, congenital. The patient's treatment plan included surgical intervention.

IMR ISSUES, DECISIONS AND RATIONALES

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

Possible Tibial Tendon Transfer: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

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

Decision rationale: The requested Prospective Possible Tibial Tendon Transfer is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has a partial tendon tear supported by painful range of motion. American College of Occupational and Environmental Medicine recommends surgical intervention for ankle and foot injuries when the patient has activity limitations for greater than 1 month without any signs of functional improvement, has failed to progress through an exercise program to increase range of motion and strengthen musculature around the ankle and foot, and clear clinical and imaging evidence of a lesion that would benefit from surgical repair. Additionally, Official Disability Guidelines recommend a period of immobilization prior to this surgical intervention. Although the clinical documentation does provide evidence that the patient has a partial thickness tear of an ankle tendon and has significant pain with range of motion, there is no documentation that the patient has participated in any active therapy to assist with strengthening and alleviation of symptoms or undergone a period of immobilization. As such, the requested Prospective Possible Tibial Tendon Transfer is not medically necessary or appropriate.

Possible Gatroenemius Lengthening: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The requested Prospective Possible Tibial Tendon Transfer is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has a partial tendon tear supported by painful range of motion. American College of Occupational and Environmental Medicine recommends surgical intervention for ankle and foot injuries when the patient has activity limitations for greater than 1 month without any signs of functional improvement, has failed to progress through an exercise program to increase range of motion and strengthen musculature around the ankle and foot, and clear clinical and imaging evidence of a lesion that would benefit from surgical repair. Additionally, Official Disability Guidelines recommend a period of immobilization prior to this surgical intervention. Although the clinical documentation does provide evidence that the patient has a partial thickness tear of an ankle tendon and has significant pain with range of motion, there is no documentation that the patient has participated in any active therapy to assist with strengthening and alleviation of symptoms or undergone a period of immobilization. As such, the requested Prospective Possible Tibial Tendon Transfer is not medically necessary or appropriate.

Popliteal Nerve Block (27659, 97690, 64445): Upheld

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 Other Medical Treatment Guideline or Medical Evidence: Offierski, C. (2013). Peripheral Nerve Blocks for Distal Extremity Surgery. Clinics in plastic surgery, 40(4), 551-555

Decision rationale: The requested Prospective Popliteal Nerve Block (27659, 97690, 64445) is not medically necessary or appropriate. The clinical documentation submitted for review does not support surgical intervention at this time. As such, the requested Prospective Popliteal Nerve Block (27659, 97690, 64445) would not be indicated. As such, the requested Prospective Popliteal Nerve Block (27659, 97690, 64445) is not medically necessary or appropriate.

Pre-Operative Labwork (EKG): Upheld

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 Official Disability Guidelines (ODG) Low Back Chapter, Pre-operative Lab testing

Decision rationale: The requested Pre-Operative Labwork (EKG) is not medically necessary or appropriate. The clinical documentation submitted for review does not support surgical intervention at this time. Official Disability Guidelines do not recommend preoperative lab work to include an EKG for ambulatory surgeries. As such, the requested Pre-Operative Labwork (EKG) would not be medically necessary or appropriate.

Prospective Assistant Surgeon: Upheld

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 Other Medical Treatment Guideline or Medical Evidence: American College of Surgeons, Physician's as Assistants at Surgery, Case Study 2011

Decision rationale: The requested Prospective Assistant Surgeon is not medically necessary or appropriate. Although the American College of Surgeons Physicians as Assistants at Surgery case study in 2011 does recommend an assistant surgeon for this type of surgery, the surgical intervention itself is not supported. As such, the requested Prospective Assistant Surgeon is not medically necessary or appropriate.

Right Ankle Peroneal Tendon Repair/Reconstruction: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The requested Prospective Right Ankle Peroneal Tendon Repair/Reconstruction is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has a partial tendon tear supported by painful range of motion. American College of Occupational and Environmental Medicine recommends surgical intervention for ankle and foot injuries when the patient has activity limitations for greater than 1 month without any signs of functional improvement, has failed to progress through an exercise program to increase range of motion and strengthen musculature around the ankle and foot, and clear clinical and imaging evidence of a lesion that would benefit from surgical repair. Additionally, Official Disability Guidelines recommend a period of immobilization before surgical intervention is considered. Although the clinical documentation does provide evidence that the patient has a partial thickness tear of an ankle tendon and has significant pain with range of motion, there is no documentation that the patient has participated in any active therapy to assist with strengthening and alleviation of symptoms or documentation of a period of immobilization. As such, the requested Prospective Right Ankle Peroneal Tendon Repair/Reconstruction is not medically necessary or appropriate.

Probable Calcaneal Osteotomy: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The requested Prospective Probable Calcaneal Osteotomy is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has a partial tendon tear supported by painful range of motion. American College of Occupational and Environmental Medicine recommends surgical intervention for ankle and foot injuries when the patient has activity limitations for greater than 1 month without any signs of functional improvement, has failed to progress through an exercise program to increase range of motion and strengthen musculature around the ankle and foot, and clear clinical and imaging evidence of a lesion that would benefit from surgical repair. Although the clinical documentation does provide evidence that the patient has a partial thickness tear of an ankle tendon and has significant pain with range of motion, there is no documentation that the patient has participated in any active therapy to assist with strengthening and alleviation of symptoms. As such, the requested Prospective Probable Calcaneal Osteotomy is not medically necessary or appropriate.