MAXIMUS Federal Services

Case Number:	CM13-0041663		
Date Assigned:	12/20/2013	Date of Injury:	10/18/2010
Decision Date:	02/28/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	10/30/2013

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:

The patient is a 40-year-old female who sustained an injury to the right ankle in a work related accident on 10/18/10. The clinical records for review included an 8/12/13 assessment that documented that the patient was status post a previous repair of the peroneus brevis tendon with failure at the right ankle. The provider indicated the patient continued to complain of pain and instability with walking. Recommendations were for a revision repair of the peroneus longus tendon with anastomosis to the peroneus brevis with an anterior talofibular ligament repair as well. Clinical imaging included an ultrasound assessment of the patient's bilateral ankles that showed prior open repair to the ligament with a prior anterior talofibular ligament strain. Recent conservative measures were not clear based on the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ankle surgery for right ankle repair -peroneus brevis tendon with anastomisis to the peroneus longus tendon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ankle and foot procedure section, which is not part of MTUS

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Per the Strength of Evidence hierarchy established by

the California Department of Industrial Relations, Division of Workers' Compensation, the Physician Reviewer based his/her decision on the Official Disability Guidelines (ODG) ankle procedure section, which is

Decision rationale: Official Disability Guidelines for peroneal tendinitis/tendon rupture recommend conservative treatment for tendinitis, and surgery as an option for a ruptured tendon. Guidelines further indicate that patients with peroneal tendonitis, but no significant peroneal tendon tear, can usually be treated successfully non-operatively. Thus, ODG guidelines only support the role of tendon repair in the form of acute tearing in the acute setting. In this patient's case, the clinical records indicate the patient has already undergone a peroneus brevis tendon repair with no documentation of formal failure or continued current findings demonstrating full thickness pathology that would necessitate a repeat operative procedure. Thus, the request for surgery would not be supported at this time. The request for ankle surgery for right ankle repair - peroneus brevis tendon with anastomisis to the peroneus longus tendon is not medically necessary and appropriate.