

Case Number:	CM13-0043069		
Date Assigned:	12/27/2013	Date of Injury:	04/15/2010
Decision Date:	04/18/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	10/21/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, 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 expert 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:

This 56 year-old sustained an injury when he was involved in a motor vehicle accident on 4/15/10 while employed by [REDACTED] (advertisement company for telephone book). There was no loss of consciousness. X-rays were performed and patient was discharged with crutches. The provider had placed him in a cast and provided physical therapy for several weeks with some benefit. Request under consideration include an unknown treatment to the left foot, posterior tibial tendon dysfunction and neuropathy, post motor vehicle accident (MVA). Report of 10/25/13 from the provider noted the patient is treating for left ankle and foot complaints with pain rated at 10/10 in intensity. Medications usage include Percocet and Ibuprofen. Exam found planovalgus deformity; tenderness at transverse tarsal and subtalar joints; 4+/5 strength in left ankle and foot; otherwise with normal range of motion and strength throughout the lower extremities. Diagnoses included Posterior tibial tendon dysfunction; and acquired deformity of left ankle and foot. He is not yet P&S and work status to continue with usual job duties with weight limitations and part-time hours. Requests for Voltaren Gel, Tramadol, and custom orthotics were certified. There is a report dated 6/21/12 noting conservative treatment has included therapeutic exercises, myofascial release, ice pack, and electrical stimulation with numerous physical therapy progress notes dated from June 2010 through 5/18/11. Supplemental medical-legal evaluation QME report of 9/30/13 from another provider cited records review. Patient was noted to have previous MVA in 2005; industrial low back injury with another employer; fractured right tibia in 1987 while skiing. X-rays of left ankle noted no tibiotalar joint space narrowing; no anterior tibial, talar or lateral neck osteophytes; no lateral fibular osteophytes; no loose bodies; no implants; no fractures noted; no bone spurs; no hallux valgus; no intertarsal narrowing; and osseous texture was normal. Right foot x-ray showed normal hindfoot alignment; no hallux valgus; no claw toes; no degenerative changes or fractures seen.

Diagnoses included probable partial tear tibialis posterior tendon with progressive valgus deformity of foot. Recommendations included possible surgery; however, with unpredictable results or external AFO bracing. It was noted the provider had discussed possible right knee surgery for knee pain from a surfing injury; however, the panel QME evaluator noted there was no indication the left ankle/foot condition was worsened as a result of the surfing accident and treatment would be non-industrial. Request for the unknown treatment to the left foot, posterior tibial tendon dysfunction and neuropathy, post-MVA. was non-certified on 10/14/13 citing guidelines and lack of information and clarification.

IMR ISSUES, DECISIONS AND RATIONALES

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

UNKNOWN TREATMENT TO LEFT FOOT POSTERIOR TIBIAL TENDON DYSFUNCTION AND NEUROPATH POST MOTOR VEHICLE ACCIDENT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 361-386.

Decision rationale: This 56 year-old sustained an injury when the patient was involved in a motor vehicle accident on 4/15/10 while employed by [REDACTED] (advertisement company for telephone book). There was no loss of consciousness. X-rays were performed and patient was discharged with crutches. The provider had placed him in a cast and provided physical therapy for several weeks with some benefit. Request under consideration include an unknown treatment to the left foot, posterior tibial tendon dysfunction and neuropathy, post-MVA. Report of 10/25/13 from the provider noted the patient is treating for left ankle and foot complaints with pain rated at 10/10 in intensity. Medications usage include Percocet and Ibuprofen. Exam found planovalgus deformity; tenderness at transverse tarsal and subtalar joints; 4+/5 strength in left ankle and foot; otherwise with normal range of motion and strength throughout the lower extremities. Diagnoses included Posterior tibial tendon dysfunction; and acquired deformity of left ankle and foot. The patient is not yet P&S and work status to continue with usual job duties with weight limitations and part-time hours. Requests for Voltaren Gel, Tramadol, and custom orthotics were certified. Supplemental medical-legal evaluation QME report of 9/30/13 from another provider cited records review. The patient was noted to have previous MVA in 2005; industrial low back injury with another employer; fractured right tibia in 1987 while skiing. X-rays of left ankle noted no tibiotalar joint space narrowing; no anterior tibial, talar or lateral neck osteophytes; no lateral fibular osteophytes; no loose bodies; no implants; no fractures noted; no bone spurs; no hallux valgus; no intertarsal narrowing; and osseous texture was normal. Right foot x-ray showed normal hindfoot alignment; no hallux valgus; no claw toes; no degenerative changes or fractures seen. Diagnoses included probable partial tear tibialis posterior tendon with progressive valgus deformity of foot. Recommendations included possible surgery; however, with unpredictable results or external AFO bracing. It was noted the provider had discussed possible right knee surgery for knee pain from a surfing injury; however, the panel QME evaluator noted there was no indication the left ankle/foot condition was worsened as a result of

the surfing accident and treatment would be non-industrial. The unknown treatment request was non-certified on 10/14/13. Follow-up report of 10/25/13 from the provider had no further clarification of treatment. The request for unknown treatment to the left foot, posterior tibial tendon dysfunction and neuropathy, post-MVA, is not medically necessary and appropriate.