MAXIMUS Federal Services

Case Number:	CM13-0054636		
Date Assigned:	12/30/2013	Date of Injury:	09/20/2010
Decision Date:	03/27/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	11/19/2013

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 Orthopaedic 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 67-year old female who was injured on 09/20/2010 when a student dropped a paint bottle, weighing approximately 1 pound, on her right foot from a height of 3 feet. She had a second injury to her left ankle when she was post surgery for the right foot and she slipped while using her crutches. The patient had MRI of the left ankle on 10/23/2013 showing partial tear of the peroneus longus tendon, degenerative sclerosis and marrow signal changes at the second, third, and fourth tarsometatarsal joints. On 07/02/2012, the patient underwent right second interspace Morton's neuroma excision, right second metatarsal Weil osteotomy and right second MP capsulotomy with synovectomy and drilling of chondral defect on the second metatarsal head. The patient underwent left lumbar sympathetic block on 09/10/2013 and left peroneal longus tendon repair and left superior peroneal retinaculum reconstruction on 12/04/2013. Diagnostic studies reviewed include on 04/15/2013 AP, lateral and mortise weight bearing radiographs of the left ankle which reveal no degenerative changes. No fracture or dislocation noted. The mortise reveals normal alignment. Overall bone quality is noted to be normal. On same date AP and oblique weight bearing radiographs of the left foot reveal degenerative changes with narrowing of the TMT joints, Talonavicular sag absent. No fracture or dislocation noted. Overall bone quality is noted to be normal. On 10/25/2012, MRI of left ankle revealed no fracture or dislocation. Mild sprain injury of the anterior talofibular ligament is noted. Ankle mortise is maintained. Mild tendinopathy of the peroneus longus tendon with very mild insertional tendinopathy of the distal posterior tibialis tendon. Trace fluid is noted along the posterior tibialis tendon sheath. Findings suggestive of mild plantar fasciitis, this can be clinically correlated. Mild to moderate osteoarthritic changes present at the tarsal-metatarsal articulation. There is cartilage loss with associated degenerative subchondral cancellous edema and small subchondral cyst is noted. The Lisfranc ligament appears intact. An EMG dated

01/11/2013 was a normal study. A clinic note dated 09/26/2013 indicates on physical exam there was tenderness to palpation over the peroneal tendons as well as the sinus tarsi, hypersensitivity in the lateral malleolus region. Assessment and Plan was she has failed physical therapy, immobilization, and medications, and sympathetic nerve block gave no temporary relief. She was recommended left subtalar joint arthroscopy with debridement and peroneal tendon exploration with repairs as needed. A clinic note dated 10/09/2013 indicates [redacted] is denying the surgery. [redacted] feels strongly that a new MRI should be performed. He advises significant caution because he does not feel this patient will do well with surgery at this time. A clinic note dated 10/31/2013 indicates recommendation of left peroneal longus repair with possible superior peroneal retinaculum reconstruction. No need to do the subtalar scope since there are no major findings there on the latest MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left subtalar arthroscopic with debridement: 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 & Foot (Acute & Chronic), Arthroscopy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle, Subtalar Arthroscopy.

Decision rationale: CA MTUS guidelines do not discuss the issue in dispute and hence ODG have been consulted. According to the ODG, the indications for arthroscopy of the ankle and subtalar joints include chronic pain, swelling, buckling, and/or locking that fails conservative treatment". The patient has documented failure with conservative treatment, and the provider's note dated 09/26/2013 indicates physical exam findings of tenderness over peroneal tendons as well as sinus tarsi with some hypersensitivity in the lateral malleolar region. However, there is not enough evidence available objectively and after reviewing the x-rays and MRI to warrant surgical intervention. Additionally, on 10/31/2013, the provider documented that, "I don't think we need to do the subtalar scope since there are no major findings there on the latest MRI." Thus, the request for left subtalar arthroscopic with debridement and hence the request is non-certified.

Peroneal tendon exploration with repair: Overturned

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 & Foot (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle, Peroneal tendinitis.

Decision rationale: CA MTUS guidelines do not discuss the issue in dispute and hence ODG have been consulted. ODG indicates "recommend conservative treatment for tendinitis, and surgery as an option for a ruptured tendon. Patients with peroneal tendonitis, but no significant peroneal tendon tear, can usually be treated successfully non-operatively. Once secondary changes in the tendon occur, however, surgical treatment often becomes necessary." This patient has documented failure of conservative treatment and had MRI dated 10/23/2013 with evidence of partial tear of the peroneus longus tendon. Objectively, there is persistent tenderness over peroneal tendons. Thus, the medical necessity has been established and the request is certified.

Medical clearance by hospitalist: 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 Official Disability Guidelines (ODG), Disability Guidelines, Preoperative testing.

Decision rationale: The Physician Reviewer's decision rationale: According to the ODG, preoperative testing is often performed before surgical procedures and are helpful to stratify risk, direct anesthetic choices and guide postoperative management.

Pre op EKG, chest x-ray, CBC, CMP, Prothrombin time, urinalysis, urine culture, and partial thromboplastin time: 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 Official Disability Guidelines (ODG), Disability Guidelines, Preoperative testing.

Decision rationale: The Physician Reviewer's decision rationale: According to the ODG, preoperative testing is often performed before surgical procedures and are helpful to stratify risk, direct anesthetic choices and guide postoperative management.