

Case Number:	CM13-0059329		
Date Assigned:	12/30/2013	Date of Injury:	03/06/2007
Decision Date:	04/03/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	12/02/2013

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 Texas, Nebraska, Indiana, and Michigan. 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 55-year-old injured worker who reported an injury on 03/06/2007. The mechanism of injury was not specifically stated. The patient is diagnosed with anxiety, depressive disorder, headache, gastrointestinal upset, instability at C4-5, disc herniation at C4-C7, cervical radiculopathy, lumbar radiculopathy, chronic low back pain, lumbar instability, fibromyalgia, lumbar scoliotic deformity, sleep disorder, status post L2-3 fusion, status post total hip arthroplasty, and status post L3-5 fusion. The patient was seen by [REDACTED] on 09/09/2013. The patient reported pain in the lateral aspect of the right knee with radiation, weakness and numbness. Physical examination revealed 4/5 strength, sensory loss in the dorsal aspect of the right foot, and positive Tinel's sign in the distribution of the peroneal nerve. Treatment recommendations included decompression of the right peroneal nerve on an outpatient basis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Decompression of right peroneal nerve: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345.

Decision rationale: The ACOEM Practice Guidelines state that a surgical referral is indicated for patients who have activity limitation for more than 1 month and a failure of exercise programs to increase range of motion and strength around the knee. As per the documentation submitted, there is no evidence of an exhaustion of conservative treatment including exercise programs. There was no electrodiagnostic report or imaging study provided for review. It was noted by [REDACTED] on 06/03/2013, the patient was to undergo an ultrasound of the right fibular region to image the right peroneal nerve. However, the ultrasound study was also not provided for review. Therefore, based upon review of the available records, the request for decompression of the right peroneal nerve is not medically necessary and appropriate.