

<b>Case Number:</b>	CM13-0062880		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	03/07/2011
<b>Decision Date:</b>	07/10/2014	<b>UR Denial Date:</b>	11/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2013

### 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 Orthopedic Surgery, was Fellowship trained in Spine 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 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 is a 29 year old male patient status post an injury as of 3/7/11. A 7/25/13 progress note indicates that he continues to have problems with the left foot. He has a surgical scar around the left ankle that has not healed. He continues to have pain on the plantar surface of the foot. His left ankle swells. He notes pain around the right ankle. He has not started physical therapy. There is tissue loss to the left ankle. He is recovering slowly from surgery. He has considerable swelling. A left foot MRI done on 3/18/13 demonstrated large plantar fibroma, and a soft tissue mass between the proximal phalanges of the second and third digit. A 5/13/13 procedure note identified that the patient underwent a tendo-achilles lengthening of the left leg muscles and excision of fibromas from the plantar aspect of the left foot. A 1/17/14 progress note stated that the patient has been treated with physical therapy, EMG, and surgery. He has left foot pain. He continues to have signs of common peroneal nerve and superficial peroneal nerve entrapment in the left leg. He has positive Tinel's sign and some hypersensitivity. The impression is of nerve entrapment of the common peroneal nerve and superficial peroneal nerve left leg. He has 12 more visits of physical therapy. A compression sleeve was ordered.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DECOMPRESSION OF THE COMMON PERONEAL NERVE, SUPERFICIAL PERONEAL NERVE OF THE LEFT ANKLE:** 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. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: The Journal of Bone & Joint Surgery, Volume 80, Issue 1: Peroneal Nerve Entrapment: T. FABRE, M.D.; C. PITON, M.D.; D. ANDRE, M.D. E. LASSEUR, M.D.; A. DURANDEAU, M.D., BORDEAUX, FRANCE.

**Decision rationale:** The California MTUS states that surgical consultation/intervention may be indicated for patients who have activity limitations for more than one month without signs of functional improvement, failure of exercise programs to increase range of motion and strength of the musculature around the ankle and foot, and clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. The common peroneal nerve course is superficial to the lateral border of the fibula before passing through the lateral intramuscular septum into the fibular tunnel. Entrapment of the peroneal nerve is a condition in which the nerve is compressed under the fibrous arch in the region of the bifurcation of the nerve into its deep and superficial branches. Non-operative therapy generally has been advocated, although there have been reports of operative treatment. However, it is not clear that conservative care has been exhausted. The patient is noted to have additional sessions of physical therapy recommended. There is no response to treatment noted. The patient is using a compression sleeve. Response is not noted. Injection therapy has not been documented. The entire surgical request is not medically necessary at this time given the lack of documentation of exhaustion of conservative care.