

Case Number:	CM13-0063755		
Date Assigned:	12/30/2013	Date of Injury:	10/18/2010
Decision Date:	05/22/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/10/2013

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, 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:

The claimant is a 41-year-old female who sustained a right ankle injury on October 18, 2010. Following a course of conservative care, the claimant underwent right ankle arthroscopy with peroneal tendon reconstruction on July 8, 2011. In [REDACTED] January 20, 2014 follow-up assessment, he documents that the claimant's December 30, 2013 examination showed limited range of motion and numbness to the right foot as well as continued right ankle pain postoperatively. [REDACTED] comments on preoperative plain film radiographs of the foot but gives no indication that formal postoperative imaging is available for review. Based on failed conservative care, the request is revision surgery to include right ankle peroneus brevis tendon repair with anastomosis to the longus tendon.

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- PERONEUOUS BRAVIS TENDON WITH ANASTOMISIS TO THE PERONOUS LONGUS TENDON: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Citation: J Foot Ankle Surg 2009 Mar-Apr;48(2):277-80.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp.

Decision rationale: The clinical records provided for review indicate the claimant has already undergone peroneal tendon repair but there is no documentation in the medical records of any imaging reports performed in the postoperative period to support the need for an additional surgical intervention. The lack of imaging reports and the lack of documented physical findings on examination would not support the need for the proposed surgery in this case. The request is not medically necessary and appropriate.