MAXIMUS Federal Services

Case Number:	CM13-0064183		
Date Assigned:	01/03/2014	Date of Injury:	10/15/2009
Decision Date:	04/03/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/11/2013

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 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 51-year-old male who reported an injury on 10/15/2009 due to a fall that reportedly caused injury to the patient's right ankle. The patient ultimately underwent subtalar fusion with hardware removal. The patient underwent x-rays of the right foot that documented there was a solid fusion of the talocalcaneal joint with evidence of osteopenia of the bony structures. However, no acute fractures or subluxations were noted. The most recent evaluation of the patient's right ankle submitted for review was in 04/2013 that documented the patient had continued right ankle pain and swelling with numbness in the plantar area of the bilateral feet. The patient's diagnoses included status post subtalar joint fusion, lumbosacral sprain and spondylosis, abnormal translation, anxiety and sleep disturbances, and GI upset. The patient's treatment plan included a referral to a gastroenterologist and continued medication usage.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for peroneal tendon surgery right 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): 374-375.

Decision rationale: The requested peroneal tendon surgery for the right ankle is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommend surgical intervention for the ankle or foot issues when there are activity limitations without significant signs of functional improvement with conservative treatments. Additionally, the American College of Occupational and Environmental Medicine recommend surgical interventions when there is clear clinical and imaging evidence of a lesion that would benefit from surgical repair. The clinical documentation submitted for review does not provide any evidence of a peroneal tendon rupture that would benefit from surgical repair. Also, there are no significant physical exam findings or recent treatment history to support surgical intervention. As the submitted documentation does not clearly identify the lesion that would benefit from surgical intervention and there is no treatment history to support that the patient has failed to progress through conservative treatments, surgical history is not supported at this time. As such, the requested peroneal tendon surgery of the right ankle is not medically necessary or appropriate.