

Case Number:	CM13-0070204		
Date Assigned:	01/03/2014	Date of Injury:	02/27/2012
Decision Date:	05/27/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/24/2013

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:

53 year old claimant with industrial injury 8/2/11 when she tripped on uneven pavement. Left ankle MRI 4/4/13 demonstrates possible longitudinal split tear of proximal aspect of the posterior tibial tendon. Pes planus deformity with midfoot collapse and edema within the sinus tarsi. Exam note 11/21/13 demonstrates report of use of left ankle brace and support shoes. Exam demonstrates tenderness over the lateral gutter and anterior talofibular ligament region of the left ankle. Moderate tenderness over the medial aspect of the left ankle and foot in the area of the posterior tibial tendon extending to the medial malleolus of the navicular.

IMR ISSUES, DECISIONS AND RATIONALES

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

ARTHROSCOPIC DEBRIDEMENT LEFT ANKLE QTY1: 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).

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

Decision rationale: The CA MTUS/ACOEM is silent on the issue of ankle arthroscopy. According to the Official Disability Guidelines (ODG) criteria ankle arthroscopy is indicated for

ankle impingement, osteochondral lesions and for ankle arthrodesis. The MRI of the ankle from 4/4/13 does not support any of these diagnoses, therefore determination is for non-certification. The request is not medically necessary or appropriate.

REPAIR OF SPLINT TENDON RUPTURE TO THE POSTERIOR TIBIAL TENDON OF LEFT FOOT QTY 1: 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).

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

Decision rationale: The CA MTUS/ACOEM is silent on the issue of repair of split tendon repair. The Official Disability Guidelines (ODG) criteria has been met in this case for split tendon rupture repair of the posterior tibial tendon. The patient has a flatfoot deformity and has corresponding examination with MRI findings. The patient therefore meets criteria for the request procedure and is medically necessary.