

<b>Case Number:</b>	CM14-0006048		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	01/14/2013
<b>Decision Date:</b>	07/11/2014	<b>UR Denial Date:</b>	12/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2014

### 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 44-year-old female who has filed a claim for left ankle sprain, peroneal tenosynovitis, and internal derangement associated with an industrial injury date of January 14, 2013. Review of progress notes indicates left ankle discomfort, with improvement with acupuncture and physical therapy. Findings include tenderness along the lateral and anterior aspects of the ankle. There was no gross ligamentous instability. MRI of the left ankle dated March 08, 2013 showed mild tenosynovitis of the peroneal tendons without tear; mild tendinosis and tenosynovitis of the inframalleolar posterior tibialis tendon; sprain of the ATFL and calcaneofibular ligament; and small tibiotalar and posterior subtalar joint effusion. Left ankle x-ray dated January 22, 2013 did not reveal any displaced fracture or dislocation. Treatment to date has included acetaminophen, NSAIDs, opioids, physical therapy, bracing, use of crutches, and acupuncture. Utilization review from December 20, 2013 denied the requests for left ankle arthroscopy, tenolysis of the peroneal tendon, assistant surgeon, and post-operative physical therapy as there is no evidence of instability or tendon tear.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LEFT ANKLE ARTHROSCOPY WITH PARTIAL DEBRIDEMENT:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

**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, ARTHROSCOPY.

**Decision rationale:** The California MTUS guidelines do not address this topic. According to the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the ODG was used instead. According to ODG, ankle arthroscopy is recommended for conditions such as impingement, osteochondral defects, loose bodies, ossicles, synovitis, adhesions, and instability. In this case, the injured worker does not present with ankle instability or any of the abovementioned ankle conditions to support the necessity for arthroscopic intervention. There is also no documentation of trial and failure of all conservative management strategies for the left ankle. Therefore, the request for left ankle arthroscopy with partial debridement was not medically necessary.

**OPEN TENOLYSIS OF THE PERONEAL TENDON:** 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 AND FOOT CHAPTER, PERONEAL TENDINITIS/TENDON RUPTURE (TREATMENT).

**Decision rationale:** The California MTUS guidelines do not address this topic. According to the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the ODG was used instead. According to ODG, patients with a large peroneal tendon tear or a bony prominence irritating the tendon may benefit from surgery. Surgery is indicated in the acute phase for peroneus brevis tendon rupture, acute dislocation, anomalous peroneal brevis muscle hypertrophy, and peroneus longus tears associated with diminished function. In this case, there are no findings of a tendon tear. This injured worker has peroneal tenosynovitis, which can be managed conservatively, and there is no documentation of failure of all conservative management strategies. Therefore, the request for open tenolysis of the peroneal tendon was not medically necessary.

**ASSISTANT SURGEON:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**POST OPERATIVE PHYSICAL THERAPY 2 X 6 WEEKS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.