

<b>Case Number:</b>	CM14-0007660		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	08/04/2011
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	01/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2014

### 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 Orthopaedic 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 44-year-old male laborer sustained an industrial right foot/ankle/leg crush injury on 8/4/11. The patient underwent right peroneus brevis tendon repair on 7/27/12. The 12/16/11, 5/2/12 and 9/16/13 lower extremity EMG/NCV studies were reported normal with no evidence of peripheral nerve entrapment. The 8/5/13 right ankle MRI impression documented posterior subtalar joint effusion, no evidence of ligament or tendon tear, and normal signal in the peroneus brevis tendon. The 8/5/13 right foot MRI impression documented degenerative changes, unchanged from prior study. Progress reports documented on-going right leg pain, decreased sensation, and muscle weakness. The 12/6/13 treating physician report cited worsening symptoms with increased pain radiating from the lateral right calf to the foot and numbness on the bottom of the foot and lateral leg. The right lower extremity exam documented common peroneal nerve pain, superficial and deep peroneal nerves were abnormal, positive Tinel's sign, and peroneal muscle weakness. Range of motion of the ankle and subtalar joint was normal and pain free. There was right leg muscle atrophy. The patient limped, and the peroneus brevis tendon muscle was not working and did not push. The diagnosis was right foot, ankle and leg crush injury, compression neuropathy of the common peroneal nerve and posterior tibial nerve, and peroneus brevis muscle weakness due to compression neuropathy of the common peroneal nerve. The treatment plan recommended surgical decompression as the patient was not improving and was in too much pain to return to work. The 1/3/14 utilization review denied the request for right ankle decompression surgery. The 1/17/14 treating podiatry progress report stated that the patient had had a maximum amount of conservative treatment including physical therapy, trigger point injections, Gabapentin, and time. He had not responded to conservative treatment and continued to use a cane for balance and pain relief when walking. The podiatrist opined that nerve decompression surgery would help this patient and allow him to return to work.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **RIGHT ANKLE DECOMPRESSION MULTIPLE NERVES, EG COMMON PERONEAL, SUPERFICIAL PERONEAL ETC RFA 12-27-1 QTY:1: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines.

**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, Surgery for peroneal nerve dysfunction.

**Decision rationale:** The California MTUS guidelines do not provide surgical recommendations for chronic ankle/foot conditions. The Official Disability Guidelines relative to surgery for peroneal nerve dysfunction state that surgery is an option when symptoms persist for longer than 3 months despite conservative measures. Guideline criteria have been met. This patient presents with significant pain and functional limitations consistent with peroneal nerve dysfunction (associated with clinical neurological findings.) Comprehensive conservative treatment has been tried and has failed. Therefore, this request for right ankle decompression multiple nerves, (e.g. common peroneal, superficial peroneal, etc) is medically necessary.