MAXIMUS Federal Services

Case Number:	CM14-0101521		
Date Assigned:	07/30/2014	Date of Injury:	02/17/2011
Decision Date:	08/29/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	07/01/2014

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 licensed in Podiatric surgery, and is licensed to practice in New York. 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 original date of injury for this patient was 2/17/2011. Patient's diagnosis includes 726.79 - other enthesopathy of ankle and tarsus.During patient's most recent visit to his physician on 5/1/2014 the patient continues to complain of right foot pain and weakness. Pathology is noted surrounding the fifth metatarsal base, with tenderness to the insertion of the peroneal brevis tendon, and a positive Tinel's sign noted upon percussion of the sural nerve. Prior treatments which have now to alleviate patient's pain right foot include orthotics, steroid injections, shoe gear modification, physical therapy, and anti-inflammatory medications. Diagnoses that day include chronic pain to the fifth metatarsal base area, sural neuritis, and peroneal brevis tendinitis enthesiopathy. It was recommended that patient undergo sural nerve decompression right foot with peroneal brevis tendon repair at its insertion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Foot Sural Decompression with brevis tendon repair at insertion: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 374. Decision based on Non-MTUS Citation Operative Treatment for Peroneal Tendon Disorders from the Journal of Bone and Joint Surgery (American). 2008;90:404-418 (http://www.ejbjs.org/cgi/content/full/90/2/404)Surgery for Superficial Peroneal Nerve Entrapment Syndrome (http://www.ncbi.blm.nih.gov/pubmed/18071934).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374, 375.

Decision rationale: After careful review of the enclosed information and the pertinent MTUS guidelines for this case, it is my feeling that the decision for right foot sural nerve decompression with peroneal brevis repair at its insertion is not medically reasonable or necessary for this patient at this time. The physical exam performed on this patient demonstrates tenderness and weakness to the insertion of the peroneal brevis tendinitis right foot. A positive Tinel's sign is also noted to this area. MTUS guidelines, however, require clear clinical and imaging evidence of a lesion that has been shown to benefit in the short and long term from surgical repair. The enclosed progress notes do not reveal any MRI or other imaging demonstrating a lesion or documentable pathology to the peroneal brevis insertion site. Furthermore, there are no nerve conduction studies performed on the sural nerve to demonstrate pathology. For this reason, the requested surgical intervention is not medically necessary.

Medical Clearance with Labs: 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 three (3) times a week for three (3) 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.

Keflex 500mg #30: 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 pharmaceuticals are medically necessary.

Norco 5 #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 47-48. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter: Opioids.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374-375.

Decision rationale: After careful review of the enclosed information and the pertinent MTUS guidelines for this case, it is my feeling that the Norco 5, #60 is not medically reasonable or necessary for this patient at this time. The Norco medication is being recommended for postoperative pain management for this patient. While MTUS guidelines do authorize pain medication postsurgical, the particular surgery for this patient cannot be recommended. For this reason the Norco cannot be recommended.