Case Number:	CM14-0012481		
Date Assigned:	02/21/2014	**Date of Injury:**	02/15/2012
Decision Date:	08/01/2014	**UR Denial Date:**	01/16/2014
Priority:	Standard	**Application Received:**	01/30/2014

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 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:

The patient is a 61-year-old female who has submitted a claim for right lateral tibial plateau fracture S/P ORIF, right lower leg peroneal nerve traumatic neuropraxia, and right tarsal tunnel syndrome, associated with an industrial injury date of February 15, 2012. Medical records from 2012 through 2014 were reviewed, which showed that the patient complained of numbness along the plantar aspect of the foot and paresthesia along the foreleg. On physical examination, there was diminished sensation throughout the deep peroneal, superficial peroneal, and saphenous nerve distributions, but were improved. Loss of sensation was noted on the plantar aspect of the foot consistent with tibial nerve distribution. Incisions were healing well without erythema, drainage, or signs of infection. The extensor hallucis longus, tibialis anterior, and gastrocnemius muscles were intact. Pulses were decreased on the right lower extremity. Range of motion was within normal limits but there was weakness of the quadratus and hamstring muscles. EMG/NCV of the right lower extremity dated July 10, 2013 revealed right tarsal tunnel syndrome with subacute 2+/4 denervation in the abductor hallucis and abductor digiti quinti muscles. The sensory latencies, medial and lateral plantar, were absent with a slow normal posterior tibial motor latency at the ankle. There was no evidence of peroneal motor nerve injury at the ankle and across the fibular head with normal latencies and amplitudes. The peroneal sensory latency was normal and right tibial H-wave was completely normal. A repeat EMG/NCV of the lower extremities dated October 4, 2013 revealed evidence of moderate right tarsal tunnel syndrome (tibial nerve entrapment at the ankle) with subacute and chronic denervation and a recovered right peroneal neuropathy with improved conduction amplitudes with no denervation. Treatment to date has included medications, right knee bicondylar tibial plateau fracture open reduction and internal fixation, physical therapy, and right peroneal nerve neurolysis or release of adhesions and scar tissues/surrounding constrictive tissues at the fibular neck (February 18,

2014). A utilization review from January 16, 2014 denied the request for right knee peroneal nerve neurolysis because of lack of electrodiagnostic evidence to support peroneal nerve denervation; and post operative physical therapy 2-3 times a week for 4-6 weeks and thigh high ted hose stockings because the dependent request was not certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT KNEE PERONEAL NERVE NEUROLYSIS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Operative Techniques in Orthopedics. Prophylatic and Therapeutic Peroneal Nerve Decompression for Deformity Correction and Lengthening Monica Paschoal Nogueira, MD.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Fabre, T., et al. (1998). Peroneal nerve entrapment. Journal of Bone & Joint Surgery 80(1): 47-53. Retrieved from http://jbjs.org/content/80/1/47.

Decision rationale: An article entitled Peroneal nerve entrapment, published in the Journal of Bone & Joint Surgery concluded that operative decompression was effective for the treatment of peroneal nerve entrapment in patients who had not responded to non-operative measures. The article also recommended operative decompression when symptoms persist or recovery remains incomplete for three to four months, provided that the diagnosis has been confirmed with electrophysiologic studies. In this case, two electrodiagnostic studies of the right lower extremity dated July 10, 2013 and October 4, 2014 revealed no evidence of peroneal nerve denervation. Furthermore, there was no discussion regarding failure of non-operative therapy options. Therefore, the request is not medically necessary and appropriate.

POST OPERATIVE PHYSICAL THERAPY 2-3 TIMES A WEEK FOR 4-6 WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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.

THIGH HIGH TED HOSE STOCKINGS: 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.