

Case Number:	CM14-0016523		
Date Assigned:	02/21/2014	Date of Injury:	04/14/2006
Decision Date:	06/26/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/10/2014

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 44-year-old male who was injured on 04/14/2006 as a result of a fall. The mechanism of injury is unknown. Prior treatment history has included physical therapy, pool therapy, nerve blocks and pain medications. Progress report dated 10/18/2013 documented the patient with complaints of intermittent pain in the right and left ankle/foot which he rates as 3/10 as the least and pain 9/10 as the worst pain. His pains are relieved by resting and injection and it is exacerbated by doing activity. There is associated burning electric like shock, tightness, numbness and prickling sensation radiating distally and proximally from the toe to the ankle. Objective findings show no changes from previous examination. The assessment consists of: multilevel nerve entrapment, pain, neuritis, increased spasticity of the pain status post arthrotomy, status post ankle pain with internal derangement via arthrotomy, and post tibial tendon dysfunction. The request are: right ankle arthrodesis to correct subluxation and instability in the subtalar joint causing traction and renewed damage to posterior tibial nerve and its distal branches; decompression of the posterior tibial nerve and the plantar lateral and medial nerves; and application of allograft membrane on the decompressed nerves to avoid scarring and fibrosis. Progress report dated 11/13/2013 documented the patient with complaints of frequent pain on the left peroneal canal which he rates 5/10 as the least pain and 10/10 as the worst pain. His pain is relieved with rest and exacerbated by activity. He also complains of frequent pain which he rates at 3/10 as the least pain and 7-8/10 as the worst pain. His pain is relieved by Lidoderm patch and injection and is exacerbated by activity. There is associated burning, electric like shock, numbness and prickling sensation radiating proximally from both toes to both knees. The patient states that overall symptoms concerning his new complaint are worse after walking and after exercising. He states that the pain interferes with his sleep patterns. He notes that his new problem is secondary to compensation of the left peroneal canal. He has severe pain on

palpation and pain on range of motion. He also has pain on eversion of the left. Objective findings on exam reveal there is severe pain on palpation of the peroneal canal. There is positive pain on range of motion of the left peroneal longus muscle. Additionally, as reported in past reports, the patient's medial arch collapses on weight bearing. The medial portion of the ankle moves medially as it collapses, causing significant traction of the posterior tibial nerve as well as the medial plantar nerve and the lateral plantar nerve. The defect is noted on both ankles. Utilization Review (UR) report dated 01/23/2014 denied the request for right ankle arthrodesis, decompression of posterior tibial nerve, medial plantar nerve, application of allograft membrane on the decompressed nerves. The clinical notes failed to evidence documentation of recent treatment modalities for the patient's right ankle pain complaints, any recent official imaging of the patient's right ankle, as well as electrodiagnostic studies of the right lower extremity. As the clinical notes failed to evidence a recent thorough treatment, and official imaging of the right ankle; the request is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT ANKLE ARTHRODESIS, DECOMPRESSION OF POSTERIOR TIBIAL NERVE, LATERAL PLANTAR NERVE, MEDIAL PLANTAR NERVE, APPLICATION OF ALLOGRAFT MEMBRANE ON THE DECOMPRESSED NERVES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle and Foot Chapter, Ankle fusion: criteria for fusion, and Criteria for allograft for ankle reconstruction.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle and Foot (Acute and Chronic), Fusion (arthrodesis) & Allograft for ankle reconstruction

Decision rationale: The MTUS/ACOEM do not specifically discuss the proposed right ankle surgery but states surgical consultation is indicated if clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. According to the Official Disability Guidelines (ODG), "positive x-ray confirming presence of: loss of articular cartilage (arthritis) or bone deformity (hypertrophic spurring, sclerosis) or mal-union of a fracture. Supportive imaging could include: Bone scan (for arthritis only) to confirm localization or Magnetic Resonance Imaging (MRI) or Tomography." In this case, this patient has bilateral feet/ankle pain associated with burning, tightness, and sensation radiating from knees to toes aggravated by walking and after exercises. He has been treated with medications, nerve blocks, physical therapy, and pool therapy. On physical exam, there is severe pain on palpation over peroneal canal pain on range of motion of left peroneal longus muscle, medial arch collapses on weight bearing causing significant traction of the posterior tibial nerve, medial plantar nerve, and lateral plantar nerve. However, the medical records fail to document imaging findings consistent with arthritis, mal-alignment, instability, or laxity to warrant the proposed right ankle fusion with allograft. There is no documentation of electrodiagnostic studies

confirming right lower extremity peripheral neuropathy. As such, due to lack of information of imaging findings consistent with sensory deficits and arthritis, the requested right ankle surgery is not medical necessary and appropriate at this time.