MAXIMUS Federal Services

Case Number:	CM14-0017577		
Date Assigned:	04/18/2014	Date of Injury:	04/01/2011
Decision Date:	06/30/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/12/2014

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 claimant is a 49-year-old male who was injured April 1, 2011. Current clinical requests are for surgical intervention to the claimant's left ankle. A recent clinical report of January 6, 2014 indicated continued complaints of pain about the foot and ankle increased with walking. Physical examination showed restricted range of motion with tenderness to palpation over the sinus tarsi. Current diagnosis was that of left ankle tenderness with subacute injury. There was a prior MRI report of July 12, 2013 that showed osteoarthritic changes of the tibiotalar joint and talofibular joint with posterior calcaneal bone spurring and no further acute findings. Specific treatment to the ankle was not noted. There was evidence of some peroneal tendonitis as well. Intervention in the form of a sinus tarsi debridement, exploration of the peroneal tendons and repair was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 SURGICAL INTERVENTION INCLUDING SINUS TARSI DEBRIDEMENT, EXPLORATION OF THE PERONEAL TENDONS FOR REPAIR OF THE TENDON AND TENSYNOVECTOMY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE, CHAPTER 14 (ANKLE AND FOOT COMPLAINTS), 374-5

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).

Decision rationale: At present, the claimant's clinical imaging demonstrates no clear evidence of lesion that has been shown to benefit in both the short or long term from surgical repair. There is currently no indication of a ruptured tendon with an MRI scan only demonstrating an inflammatory process. Given the above findings, the surgical request is not medically necessary and appropriate.

24 SESSIONS OF PHYSCIAL THERAPY:

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE, CHAPTER 14 (ANKLE AND FOOT COMPLAINTS), 374-5

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.