MAXIMUS Federal Services

Case Number:	CM14-0119398		
Date Assigned:	08/06/2014	Date of Injury:	06/05/2014
Decision Date:	09/10/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	07/28/2014

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 48-year-old male police officer sustained an industrial injury on 6/5/14. Injury occurred when he standing on a garbage can that gave way and he dropped about 4 feet landing on his left ankle. He sustained a fracture of the fibula. He was placed a splint. The 6/5/14 left ankle x-rays showed a fleck sign on the lateral aspect of the distal lateral malleolus consistent with peroneal dislocation. There was some degenerative spurring in the anterior aspect of the ankle. The 6/19/14 orthopedic report cited a lot of medial ankle pain. Physical exam documented mild tenderness over the lateral malleolus and peroneal tendons where there was mild soft tissue swelling. There was more severe tenderness over the tarsal tunnel where it was moderately swollen. The diagnosis was probable left peroneal longus dislocation and possible medial ankle injury. An MRI was ordered. The 6/26/14 left ankle MRI impression documented prominent trabecular contusions involving the anterior/mid calcaneus, sustentaculum talus, anteroinferior margin of the anterior talus, and the medial and lateral margins of the posterior talus surrounding the intact subtalar joint, consistent with transient subluxation. There was a distal fibular oblique posterior non-displaced fracture. There was a distal navicular small focal subchondral bone contusion. Findings included peroneal longus tendinopathy, deltoid ligament strain, prominent proximal plantar fasciitis, focal distal Achilles tendinopathy, and diffuse soft tissue edema extending into the sinus tarsi. There was a fluid collection most likely a seroma posteromedially to medially. The 7/17/14 treating physician report cited continued pain on the medial aspect of the ankle, but symptoms were improving. Physical exam documented no tenderness over the peroneal tendons, but there was mild soft tissue swelling. There was mild deltoid ligament tenderness. The treating physician recommended a left peroneal superior retinaculum reconstruction with possible fibular groove deepening. The 7/23/14 utilization review denied the

left ankle surgery and associated EKG as there was no documentation of conservative treatment failure, the patient was improving, and formal imaging reports were not available.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgery left peroneal sheath repair with possible fibular groove deepening Qty: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation 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, Peroneal tendinitis/ tendon rupture (treatment).

Decision rationale: The California MTUS do not provide criteria for this surgery. The Official Disability Guidelines recommend conservative treatment for tendinitis, and surgery as an option for a ruptured tendon. Patients with peroneal tendonitis but no significant peroneal tendon tear can usually be treated successfully non-operatively. In patients with a large peroneal tendon tear or a bony prominence that is serving as a physical irritant to the tendon, surgery may be beneficial. If caught early, peroneal tendonitis or instability may be treated conservatively with NSAIDs, immobilization and avoidance of exacerbating activities. Once secondary changes in the tendon occur, however, surgical treatment often becomes necessary. Surgery is indicated in the acute phase for peroneus brevis tendon rupture, acute dislocation, anomalous peroneal brevis muscle hypertrophy, and in peroneus longus tears that are associated with diminished function. Guideline criteria have not been met. This patient does not meet guideline criteria for intervention in the acute period. There is no detailed documentation that recent comprehensive pharmacologic and non-pharmacologic conservative treatment had been tried and failed. Therefore, this request for left peroneal sheath repair surgery with possible fibular groove deepening is not medically necessary.

12 -lead electrocardiogram (EKG) Qty: 1: Upheld

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

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: Practice advisory for preanesthesia evaluation: an updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. Anesthesiology 2012 Mar; 116(3):522-38.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.