

<b>Case Number:</b>	CM14-0145366		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	10/16/2007
<b>Decision Date:</b>	12/03/2014	<b>UR Denial Date:</b>	08/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2014

### 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 General 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 63 year old female was injured 10/16/07 resulting in an ankle sprain. The diagnoses were osteoarthritis of the ankle, joint derangement of the ankle, primary nerve lesion, synovitis, tendinitis, and bursitis the result of injuries 1/16/07 thru 5/22/13. ESWT was done. On 1/17/14, the patient complained of pain of the left ankle, foot, and heel with swelling over the dorsum of her foot and pain with prolonged standing and walking. She used rest, heat, ice, medications. An MRI of the left ankle 6/14/14 showed bony spurring of the calcaneus at the site of the Achilles tendon attachment, plantar calcaneal spur, mild osteoarthritic changes of the talonavicular joint, Type 2 accessory navicular, tenosynovitis of the peroneus brevis and longus tendons; the tendons are intact and the sinus tarsi is unremarkable. The ATFL, CCFL, and Achilles are intact. No plantar fasciitis. The requesting provider opined that she had failed conservative management and the patient desired surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left ankle arthroscopy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 9th Edition (web), ankle and foot; Acute and Chronic; Updated 12/17/10; Arthroscopy

**Decision rationale:** No radiological reports have been provided to this reviewer. On at least one occasion a record speaks about both left and right ankles. The prior reviewer's report discussed both an earlier right MRI and the more recent left ankle MRI. The requested surgery is for the left ankle. The accepted body part(s) is unclear. Injectional therapy has not been trialed. There is no record of physical therapy having been trialed. The only conservative management has been heat, ice, rest, and medications. ESWT was done but the report is not clear as to what body part was treated nor is the number of treatments to what/which body part. Therefore, the request for arthroscopic examination of the left ankle is not medically necessary.

**Limited debridement:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 9th Edition (web), ankle and foot; Acute and Chronic; Updated 12/17/10

**Decision rationale:** Injectional therapy has not been trialed. There is no record of physical therapy having been trialed. The only conservative management has been heat, ice, rest, and medications. ESWT was done but the report is not clear as to what body part was treated nor is the number of treatments to what/which body part. The MRI did not document synovitis so it is unclear what is intended to be debrided. Therefore, the request for debridement is not medically necessary.

**Lateral ankle ligament repair:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 9th Edition (web), ankle and foot; Acute and Chronic; Updated 12/17/10/ surgery for ankle sprain. Criteria for lateral ligament ankle reconstruction for chronic instability or acute sprain/strain inversion injury:

**Decision rationale:** There is no record of physical therapy having been trialed. The only conservative management has been heat, ice, rest, and medications. ESWT was done but the report is not clear as to what body part was treated nor is the number of treatments to what/which body part. Therefore, the request for a lateral ligament repair is not medically necessary.

**Morton's Neurectomy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 9th Edition (web), ankle and foot; Acute and Chronic; Updated 12/17/10; Surgery for Morton's Neuroma

**Decision rationale:** The records that have been provided to this reviewer have not established medical necessity for excision of a Morton's neuroma. Injectional therapy has not been trialed. There is no record of physical therapy having been trialed. The only conservative management has been heat, ice, rest, and medications. Therefore, the request for a Morton's neurectomy is not medically necessary.

**Repair peroneal tendons:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 9th Edition (web), ankle and foot; Acute and Chronic; Updated 12/17/10/ Tendinopathies

**Decision rationale:** No radiological reports have been provided to this reviewer. On at least one occasion a record speaks about both left and right ankles. The prior reviewer's report discussed both an earlier right MRI and the more recent left ankle MRI. The requested surgery is for the left ankle. The accepted body part(s) is unclear. There is no record of physical therapy having been trialed. The only conservative management has been heat, ice, rest, and medications. The MRI states clearly ", tenosynovitis of the peroneus brevis and longus tendons; the tendons are intact." Medical necessity for repair of the peroneal tendons has not been established. The tendons, per MRI, appear intact. Therefore, the request for repair peroneal tendons is not medically necessary.