

Case Number:	CM14-0158747		
Date Assigned:	10/02/2014	Date of Injury:	01/23/2008
Decision Date:	10/29/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	09/27/2014

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:

This 43-year-old male police officer trainee sustained an industrial injury on 1/23/08. Injury occurred when he lost his footing while running on uneven terrain as part of a 5-mile run. Past surgical history was positive for left ankle modified Brostrom, lateral ankle ligament repair with arthroscopy, synovectomy, debridement, and removal of a distal tibial spur and a fibular ossicle on 9/30/08. A left ankle arthroscopy, synovectomy, debridement, chondroplasty, and excision of a distal tibial spur were performed on 12/23/09. The patient underwent left ankle repair of dislocating peroneal tendons with groove deepening procedure, repair of the peroneus brevis, synovectomy, and debridement microfracture technique for grade 4 chondromalacia on 11/25/13. Conservative treatment had included physical therapy, ankle bracing, and activity modification. The 8/1/14 treating physician report indicated the patient had a new permanent position that did not require him to be on his feet all day. Pain was about the same around the anterolateral ankle over the past 6 weeks. Peroneal tendons were worse with walking and standing. Physical exam documented good motor strength with evertors and good motion. There was slight swelling and tenderness around the peroneal and anterolateral ankle. The treatment plan recommended home exercise and permanent restrictions limiting walking and standing. The patient had almost reached medically stable status. Future medication would include injections, possible Lidoderm patch, anti-inflammatory medications, and surgery if not improving. The 8/29/14 treating physician report cited persistent pain and swelling around the left ankle and peroneal tendons. The patient had been unresponsive to physical therapy and anti-inflammatories, and was not amenable to injections. Objective findings documented swelling and tenderness around the ankle joint and peroneal tendons. He was neurovascular intact. The diagnosis was persistent synovitis impingement left ankles, and peroneal tenosynovitis with scar tissue status post tendon repair. The treatment plan recommended left ankle arthroscopy with synovectomy and debridement of a

peroneal tenosynovectomy. The 9/18/14 utilization review denied the request for left ankle surgery as conservative treatment had not been exhausted, including anti-inflammatory medications, corticosteroid injections, or viscosupplementation for the joint. The 9/30/14 left ankle MRI impression documented osteoarthritis involving the tibiotalar joint with thinning of the articular cartilage, subchondral sclerosis, and marginal spurs. There was focal T2 hyperintensity within the anterior lateral talar dome and anterior tibial plafond. An early osteochondral lesion in the lateral talar dome could not be excluded. There was marked tendinosis versus partial thickness tearing of the distal Achilles tendon. There was mild tendinosis and tenosynovitis of the peroneal tendons and posterior tibial tendon. Records suggested that anti-inflammatory medications had not been prescribed since 10/24/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

ANKLE ARTHROSCOPY: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374-375. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot, Peroneal tendinitis/ tendon rupture (treatment), Surgery for Achilles tendon ruptures

Decision rationale: The California MTUS guidelines recommend surgical consideration when there is activity limitation for more than one month without signs of functional improvement, and exercise programs had failed to increase range of motion and strength. Guidelines require clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long-term from surgical repair. The Official Disability Guidelines state there exists fair evidence-based literature to support a recommendation for the use of ankle arthroscopy for the treatment of ankle impingement and osteochondral lesions and for ankle arthrodesis. Ankle arthroscopy for ankle instability, septic arthritis, arthrofibrosis, and removal of loose bodies is supported with only poor-quality evidence. Except for arthrodesis, treatment of ankle arthritis, excluding isolated bony impingement, is not effective and therefore this indication is not recommended. Guidelines generally recommend conservative treatment for peroneal tendinitis and state that 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. Six months of nonsurgical therapy is appropriate for middle-aged patients or athletes with chronic Achilles tenosynovitis. Guideline criteria have not been met. Evidence of 6 months of recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. The recent MRI documented mild tendinosis and tenosynovitis of the peroneal tendons and posterior tibial tendon with marginal spurs. August exam findings documented good strength and range of motion. The medical necessity of additional surgery is not clearly documented at this time. Therefore, this request is not medically necessary.

SYNOVECTOMY: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374-375. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot, Peroneal tendinitis/ tendon rupture (treatment), Surgery for Achilles tendon ruptures

Decision rationale: The California MTUS guidelines recommend surgical consideration when there is activity limitation for more than one month without signs of functional improvement, and exercise programs had failed to increase range of motion and strength. Guidelines require clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long-term from surgical repair. The Official Disability Guidelines state there existing fair evidence-based literature to support a recommendation for the use of ankle arthroscopy for the treatment of ankle impingement and osteochondral lesions and for ankle arthrodesis. Ankle arthroscopy for ankle instability, septic arthritis, arthrofibrosis, and removal of loose bodies is supported with only poor-quality evidence. Except for arthrodesis, treatment of ankle arthritis, excluding isolated bony impingement, is not effective and therefore this indication is not recommended. Guidelines generally recommend conservative treatment for peroneal tendinitis and state that 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. Six months of nonsurgical therapy is appropriate for middle-aged patients or athletes with chronic Achilles tenosynovitis. Guideline criteria have not been met. Evidence of 6 months of recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. The recent MRI documented mild tendinosis and tenosynovitis of the peroneal tendons and posterior tibial tendon with marginal spurs. August exam findings documented good strength and range of motion. The medical necessity of additional surgery is not clearly documented at this time. Therefore, this request is not medically necessary.

DEBRIDEMENT WITH PERONEAL TENOSYNOVECTOMY: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374-375. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot, Peroneal tendinitis/ tendon rupture (treatment), Surgery for Achilles tendon ruptures

Decision rationale: The California MTUS guidelines recommend surgical consideration when there is activity limitation for more than one month without signs of functional improvement, and exercise programs had failed to increase range of motion and strength. Guidelines require clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short

and long-term from surgical repair. The Official Disability Guidelines state there existing fair evidence-based literature to support a recommendation for the use of ankle arthroscopy for the treatment of ankle impingement and osteochondral lesions and for ankle arthrodesis. Ankle arthroscopy for ankle instability, septic arthritis, arthrofibrosis, and removal of loose bodies is supported with only poor-quality evidence. Except for arthrodesis, treatment of ankle arthritis, excluding isolated bony impingement, is not effective and therefore this indication is not recommended. Guidelines generally recommend conservative treatment for peroneal tendinitis and state that 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. Six months of nonsurgical therapy is appropriate for middle-aged patients or athletes with chronic Achilles tenosynovitis. Guideline criteria have not been met. Evidence of 6 months of recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. The recent MRI documented mild tendinosis and tenosynovitis of the peroneal tendons and posterior tibial tendon with marginal spurs. August exam findings documented good strength and range of motion. The medical necessity of additional surgery is not clearly documented at this time. Therefore, this request is not medically necessary.