

Case Number:	CM14-0171034		
Date Assigned:	10/23/2014	Date of Injury:	11/07/2011
Decision Date:	12/05/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	10/16/2014

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 26 years old female claimant with an industrial injury dated 11/07/11. Exam note 04/14/14 states the patient returns with worsened pain. Upon physical exam it is noted that range of motion has improved with physical therapy. The patient explains that she experiences foot swelling and ankle swelling. Conservative treatments include topical patches and they provided no pain relief. The patient is status post a steroid injection to the deep paronial nerve and it provided pain relief for 1-2 days. Diagnosis is noted as a crash injury with neuroma formation, deep peroneal nerve, Neuro-edema and peripheral nerve impairment to the tibial and paroneal nerves. Also there is entrapment peroneal and tibial nerves. The patient has internal derangement ankle, internal derangement sinus tarsi and chronic pain. Treatment includes a Neurectomy, fasciotomy implantation of the nerve into muscle, nerve decompression, allograft amnionic membrane and barrier. Exam note 05/28/14 states the patient returns with ankle pain. The patient explains experiencing a "pins and needles" sensation. Both the diagnosis and the physical findings are the same as prior exam note.

IMR ISSUES, DECISIONS AND RATIONALES

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

**Neurectomy; Fasciotomy; Implantation of Nerve into Muscle; Nerve Decompression
Allograft Amnionic Membrane Barrier, Left Ankle: Upheld**

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle, Surgery for peroneal nerve dysfunction

Decision rationale: CA MTUS/ACOEM is silent on the issue of neurectomy and fasciotomy of the peroneal nerve. According to the ODG, Ankle section, Surgery for peroneal nerve dysfunction, Recommended as indicated below. Common peroneal nerve dysfunction is damage to the peroneal nerve leading to loss of movement or sensation in the foot and leg, including foot drop. The first line of treatment is avoiding activity that makes the pain worse, especially prolonged squatting. Steroid injections near the peroneal nerve at the fibular head help some patients, but recurrences are common. If the patient has a foot drop, then an ankle splint may be prescribed. In general, when symptoms persist for longer than three months despite these conservative measures, surgery is an option. In this case the exam note from 4/14/14 does not demonstrate 3 months of conservative care or peroneal nerve dysfunction to warrant the requested procedure. Therefore, the request is not medically necessary.