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| Case Number: | CM14-0176556 | | |
| Date Assigned: | 10/30/2014 | Date of Injury: | 11/05/2013 |
| Decision Date: | 12/10/2014 | UR Denial Date: | 09/24/2014 |
| Priority: | Standard | Application Received: | 10/25/2014 |

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:

56-year-old female with an industrial injury dated 11/05/13. Conservative treatments have included 17 physical therapy sessions, a home exercise program, activity modification, electrical stimulation, and hot/cold therapy. Exam note 08/06/14 states the patient returns with left ankle pain. Upon physical exam there was mild swelling surrounding the left ankle. There was also tenderness along the lateral ankle ligament, the anterior talofibular ligament, and the calcaneofibular ligament. The patient demonstrated discomfort with dorsiflexion. The patient also completed a positive anterior drawer sign test with discomfort and stress. The talar tilt test was positive as well with discomfort. MRI left ankle 3/18/14 demonstrates early degenerative joint disease of the first tarsometatarsal joint, no evidence of stress fracture or soft tissue tear. Treatment includes a peroneal tendon repair of the left foot, and a left foot posterior splint.

IMR ISSUES, DECISIONS AND RATIONALES

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

Peroneal Tendon Repair, Left Foot: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Ankle & Foot (updated 07/29/2014)

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 tendonitis

Decision rationale: CA MTUS/ACOEM guidelines are silent on the issue of peroneal tendon repair. According to the ODG, Ankle and Foot, peroneal tendonitis, states that surgery is an option for a ruptured tendon. Conservative treatment is recommended for tendonitis. It states that patients with peroneal tendonitis, but no significant tendon tear, can usually be treated successfully nonoperatively. In this case, the patient's MRI of the ankle from 3/18/14 does not demonstrate evidence of a peroneal tendon tear or peroneal tendonitis. Therefore the determination is for not medically necessary.

Surgical Reconstruction of Left Foot Ankle Ligaments: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (updated 07/29/2014) Ankle & Foot

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle, Lateral ligament ankle reconstruction

Decision rationale: CA MTUS/ACOEM guidelines are silent on the issue of lateral ankle ligament reconstruction. According to the ODG, Ankle section, lateral ligament ankle reconstruction, criteria includes conservative care, subjective findings of ankle instability and objective findings. In addition there must be evidence of positive stress radiographs demonstrating at least 15 degrees of lateral opening at the ankle joint performed by a physician or demonstrable subtalar movement. There must also be minimal arthritic joint changes on radiographs. In this case the exam note from 8/6/14 does not demonstrate evidence of stress radiographs demonstrating criteria cited above. Therefore the determination is for not medically necessary.

Inpatient Stay (unspecified length of stay): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Ankle & Foot (updated 07/29/14) Hospital Length of Stay (LOS)

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.

Left Foot Posterior Splint: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Ankle & Foot (updated 07/29/14) Night Splints

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.

Transfer to Skilled Nursing Facility or Rehab: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Knee & Leg (updated 08/25/2014) Skilled Nursing Facility (SNF) Care

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.