

Case Number:	CM14-0042962		
Date Assigned:	06/30/2014	Date of Injury:	12/12/2011
Decision Date:	08/06/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/09/2014

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 52-year-old female sustained an industrial injury 12/12/11, when a 200+ pound man stepped on her right foot and she tried to pull her foot away. Injuries were reported to the foot, ankle, and knee. The patient underwent right knee arthroscopic chondroplasty and partial medial and lateral meniscectomies on 8/15/12. The 7/13/12 right ankle MRI impression documented degenerative changes to the bases of the metatarsals, peroneal tenosynovitis, and trace distal tibialis posterior tenosynovitis. The radiologist documented that tears of the peroneal tendons were not demonstrated. The 3/10/14 podiatry report cited persistent right ankle pain localized to the lateral aspect. Conservative treatment had included ankle bracing, supportive shoes, physical therapy, activity modification, and topical analgesics. Physical exam findings documented antalgic gait, inability to heel/toe walk or squat, and significant mid-stance pronation. Ankle range of motion was symmetrical. There was pain with testing of the peroneus brevis and peroneus longus tendons over the lateral aspect of the right foot and ankle. Motor strength and sensation were normal. The podiatrist reported an (undated) MRI of the right ankle revealed peroneal tenosynovitis and a split tear of the peroneus brevis. Surgery was recommended as the patient had failed non-operative measures. Tramadol and Vicodin were prescribed. The 3/25/14 utilization review denied the request for right ankle surgery based on absence of an imaging report. The request for Vicodin was denied based on no quantity and no indication that medications were being prescribed by a single practitioner. The 4/8/14 appeal letter submitted by the treating physician stated that the MRI showed a tear of the peroneus brevis and the patient had failed every attempt at conservative treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Debridement with repair of the peroneus brevis to right lateral ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 374. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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 does not provide recommendations for surgery in chronic ankle/foot conditions. The Official Disability Guidelines recommend conservative treatment for peroneal tendinitis, and surgery as an option for a ruptured tendon. Guidelines 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. 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. There is no imaging evidence that this patient has a significant peroneal tendon tear. The 7/13/12 radiologist report indicated that there were no tears of the peroneal tendons. Clinical findings do not document loss of motion and instability. It is unclear whether ankle physical therapy that was requested was actually provided to this patient. Therefore, this request for debridement with repair of the peroneus brevis to right lateral ankle is not medically necessary.

Vicodin 5/300mg, unknown quantity: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-81. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use. Opioids, specific drug list Page(s): 76-80, 91.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines support the use of hydrocodone/acetaminophen (Vicodin) for moderate to moderately severe pain on an as needed basis with a maximum dose of 8 tablets per day. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. On-going management requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Opioid prescriptions should be from a single practitioner. Guidelines suggest that opioids be discontinued if there is no overall improvement in function, unless there are extenuating circumstances. Guideline criteria have not been met. The prescription of opioid medications should come from a single provider. Records indicate that the primary treating physician is prescribing medications. Additional medications from the podiatrist does not conform to guideline recommendations for on-going opioid management.

Additionally, the quantity of Vicodin 5/300 mg is not specified. Therefore, this request for Vicodin 5/300 mg, unknown quantity, is not medically necessary.