

<b>Case Number:</b>	CM14-0046134		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	06/17/2013
<b>Decision Date:</b>	08/01/2014	<b>UR Denial Date:</b>	03/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2014

### 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 Licensed in Podiatrist 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 injured worker is a 43-year-old male who reported injury on 06/17/2013. The mechanism of injury was a fall. The injured worker underwent an MRI of the right ankle without contrast. The injured worker underwent an MRI of the right ankle, on 02/11/2014, which revealed tendinosis and tenosynovitis of the peroneus longus and brevis tendons, and tenosynovitis of the posterior tibialis and flexor digitorum. There were sprains of the anterior and posterior tibiofibular ligaments and mildly of the anterior talofibular ligament. The examination, of 03/03/2014, revealed a handwritten note that was difficult to read. However, it was indicated due to ongoing pain and poor response to conservative therapy the injured worker wanted to proceed with surgery as he was tired of the pain. The diagnoses included status post hyperflexion injury right ankle and tendinosis and tenosynovitis of the peroneus longus and brevis tendons.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Surgical repair of peroneus longus and brevis tendons of the right ankle, to be scheduled as an outpatient procedure:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374, table 14-6. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (<http://www.odg-twc.com/odgtwc/ankle.htm>); ODG Indications for Surgery.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374-375.

**Decision rationale:** The ACOEM Guidelines indicate that surgical consultations may be appropriate for injured workers who have activity limitations for more than 1 month without signs of functional improvement, failure of exercise programs to increase range of motion and strength of the musculature around the ankle and foot. There should be documentation of 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 clinical documentation submitted for review indicated the injured worker had clear clinical evidence and had a failure of an exercise program to increase range of motion and strength of the musculature around the ankle and foot. However, there was lack of imaging evidence indicating the injured worker had a lesion that would benefit from surgical repair. Given the above, the request for surgical repair of the peroneus longus and brevis tendons of the right ankle to be scheduled as an outpatient procedure is not medically necessary.