

<b>Case Number:</b>	CM14-0058879		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	02/02/2008
<b>Decision Date:</b>	08/25/2014	<b>UR Denial Date:</b>	04/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/29/2014

### 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 is a 31 year old female claimant with an industrial injury dated 02/02/08. The MRI of 03/22/10 demonstrates moderate to severe tendinopathy of the peroneus longus tendon with partial splitting and similar changes to the peroneus brevis tendon, probable plantar fasciitis, thickening and irregularity of the anterior talofibular ligament, consistent with a sprain. Exam note 06/11/13 states there is no edema, deformity, pes planus/ pes cavus and no intrinsic atrophy around the foot. The patient has full range of motion of the ankle and foot but there is tenderness over the anterior lateral and dorsolateral feet. Thompson's, Morton's, talar tilt, and anterior drawer tests all came back as negative. Xray of the ankles demonstrated no significant degenerative joint disease. Exam note 01/07/14 states xrays show narrowing of the joint margin of the ankle with spur formation of the anterior lip of the tibia and anterior lip of the talus. Treatment includes a left ankle arthrotomy and neurectomy of deep perineal nerve of the left ankle.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Neurectomy foot:** Upheld

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

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

**Decision rationale:** The California MTUS/ACOEM Chapter 14, page 374 states that surgical considerations for foot and ankle conditions may be indicated for patients who have: activity limitation for more than one month with a failed exercise program and clear clinical and imaging evidence of a lesion shown to be of benefit in both the short and long term from surgical repair. In this case the exam note from 6/11/13 does not demonstrate a failure of conservative care or a clear lesion from the MRI performed on 3/22/10 to warrant the requested procedure. Therefore the request is not medically necessary.