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| <b>Case Number:</b>   | CM14-0061034 |                              |            |
| <b>Date Assigned:</b> | 09/12/2014   | <b>Date of Injury:</b>       | 06/25/2013 |
| <b>Decision Date:</b> | 10/06/2014   | <b>UR Denial Date:</b>       | 04/23/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/02/2014 |

### 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 56-year-old female claims adjuster sustained an industrial injury on 6/25/13. Injury occurred to the left ankle when she fell over an uneven portion of pavement in the parking lot. Initial exam was negative for fracture. Conservative treatment included activity modification, anti-inflammatory medication, and physical therapy. The 1/7/14 left ankle MRI showed a tear of the anterior talofibular and calcaneal ligaments. There was large ankle joint effusion extending to the posterior recess, anterolateral gutter, and posterior subtalar joint. There was tenosynovitis of the peroneal tendons with findings suggestive of a possible tear. The 2/28/14 left ankle x-rays demonstrated normal bony anatomy. The 4/2/14 treating physician report cited constant mild to moderate and intermittent sharp pain across the lateral aspect of the ankle. Pain radiated up the leg with associated swelling and weakness. Functional difficulty was reported with prolonged walking and standing or walking on an incline. Left ankle exam documented 2+ lateral ankle edema, moderate tenderness at the area just posterior and distal to the lateral malleolus tip, and mild tenderness at the anterior ankle joint. Range of motion was normal but painful in inversion and eversion. There was mild pain with resisted eversion, but strength was grossly normal. Tinel's sign was negative over the posterior tibial and deep peroneal nerves. There was moderate laxity by anterior drawer and inversion testing. She was unable to single toe raise. The treating physician cited significant laxity and inversion stress testing with possible anterior impingement. Pain was likely from instability. The treatment plan requested left ankle stress x-rays under general anesthesia, ankle and subtalar arthroscopy and repair of internal derangement, peroneal tendon exploration and possible repair, probable modified Brostrom procedure, possible augmentation with plantaris or peroneal tendon, and possible lateral displacement calcaneal osteotomy. The 4/23/14 utilization review partially certified the surgical request and denied the requests for subtalar arthroscopy, augmentation with plantaris, and lateral displacement calcaneal

osteotomy as there was no evidence of subtalar joint pathology or diagnostic injection, no peroneal tendon tear, and no evidence of bony abnormality.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Subtalar arthroscopy and repair of internal derangement: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle Chapter

**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, Subtalar arthroscopy

**Decision rationale:** The California MTUS guidelines do not specifically address subtalar arthroscopy. The Official Disability Guidelines recommend ankle and subtalar joint arthroscopy when there is chronic pain, swelling, buckling and/or locking that fails conservative treatment. Guideline criteria have been met. This patient presents with chronic pain and swelling and has failed conservative treatment. There is evidence of chronic instability. Therefore, this request is medically necessary.

#### **Possible augmentation with plantaris or peroneal tendon: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC164377>

**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 guidelines do not provide surgical criteria for tendon repairs. The Official Disability Guidelines state that peroneal tendonitis or instability may be treated conservatively with anti-inflammatory medications, immobilization and activity modification if caught early. Once secondary changes in the tendon occur, however, surgical treatment often becomes necessary. Guideline criteria have been met. MRI findings are suggestive of a possible peroneal tendon tear with clinical exam evidence of chronic instability. The provider has requested operative evaluation of stress x-rays and diagnostic arthroscopy. The medical necessity of tendon repair may be determined at the time of surgery. Therefore, this request is medically necessary.

#### **Possible lateral displacement calcaneal osteotomy: 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 Chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Wheelless' Textbook of Orthopaedics, Cavovarus foot, <http://www.wheelsonline.com>

**Decision rationale:** The California MTUS, Official Disability Guidelines, and National Guideline Clearinghouse do not provide guidelines for this procedure. Wheelless indicates that calcaneal osteotomy may be used in the surgical treatment of foot rigidity with varus deformity if lateral block test shows an abnormality. Guideline criteria have not been met. There is no indication in the records review edema of exam or imaging findings consistent with a varus deformity to support the medical necessity of this procedure. Therefore, this request is not medically necessary.