MAXIMUS Federal Services

Case Number:	CM14-0080145		
Date Assigned:	07/18/2014	Date of Injury:	03/01/2013
Decision Date:	08/25/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	05/30/2014

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 23-year-old female office worker sustained an industrial injury on 3/1/13. The mechanism of injury was not documented. The patient sustained a cuboid and anterior superior calcaneal fracture of the left foot. She underwent excision of a fracture fragment/osteophyte from the left calcaneocuboid area on 9/13/13. Records indicated persistent pain since mid-November with return to normal function and full duty. A left ankle MRI was requested to rule-out surgical peroneal tendon tear. The 3/14/14 left ankle MRI study was reported as unremarkable. There was no evidence of tenosynovitis or tendinopathy. The 3/17/14 treating physician report cited less swelling and maybe a little less pain following the first of 6 weeks of immobilization. Pain was worse with weight bearing, achy most of the time. The patient was walking without a cane, needs replacement. Objective findings documented no painful clicking below the lateral malleolus, no swelling or discoloration, and less paresthesias over the dorsal lateral foot. The treatment plan recommended continued casting and modified work. The 5/6/14 treating physician report indicated the patient was still limping. Pain was reported over the posterior lateral malleolus area with each step. She was more comfortable in the CAM walker. Objective finding documented minimal swelling, posterior lateral malleolus focal tenderness overlying the peroneal tendons, and less tenderness over the Achilles tendon. Ankle range of motion was 0-25 degrees with less than 50% range in inversion and eversion. The diagnosis was left ankle peroneal tendinitis, left ankle sprain/strain and closed fracture of the cuboid. The 5/16/14 utilization review denied the request for ankle surgery based on unremarkable MRI findings with no indication for repair of the peroneal tendons.

IMR ISSUES, DECISIONS AND RATIONALES

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

Exploration and possible repair of structures of Peroneal tendon, posterior to lateral malleolus QTY: 1.00: 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 03/26/14).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374-375. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot, Peroneal tendinitis/ tendon rupture (treatment).

Decision rationale: The ACOEM guidelines recommend surgical consideration when there is activity limitation for more than one month without signs of functional improvement, and exercise programs had failed to increase range of motion and strength. Guidelines require 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 Official Disability Guidelines recommend conservative treatment for peroneal tendinitis, and surgery as an option for a ruptured tendon. Patients with peroneal tendonitis, but no significant peroneal tendon tear, can usually be treated successfully non-operatively. Guideline criteria have not been met. There is no imaging evidence of a surgical lesion, the peroneal tendons were unremarkable. The patient appeared to be improving slowly over time and with conservative treatment. Therefore, this request for exploration and possible repair of structures of peroneal tendon, posterior to lateral malleolus is not medically necessary.