

<b>Case Number:</b>	CM14-0080548		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	11/12/2013
<b>Decision Date:</b>	08/18/2014	<b>UR Denial Date:</b>	05/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2014

### 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 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 39-year-old male sustained an industrial injury on 11/12/13. Injury occurred when he fell into a drainage channel, spraining his ankle and knee. The patient underwent right knee arthroscopic lateral meniscectomy and chondroplasty on 4/2/14. The 4/21/14 right ankle MRI findings documented a C-type split of the peroneus brevis tendon at the level of the distal fibula. There was a small anterior osteophyte of the distal tibia. The 5/12/14 treating physician report cited right knee pain and residual swelling over the portals. The patient had completed therapy. There were no exam findings relative to the right ankle. The diagnosis included right ankle peroneus brevis tear. The treatment plan recommended additional physical therapy for the knee, a hinged knee surgery, and medications. A surgical consult regarding the right ankle was requested. The 5/21/14 utilization review denied the request for a surgical consult for the right ankle as there was no clinical documentation of right ankle pain/pathology or associated imaging evidence to support medical necessity. The 6/25/14 treating physician appeal cited right ankle pain and popping laterally. MRI indicated a focal longitudinal tear of the peroneus brevis tendon and a small osteophyte of the distal tibia. Conservative treatment had included medications and bracing. Reconsideration of the surgical consult was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Surgical consult for the right ankle:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 127. Decision based on Non-MTUS Citation ODG, Ankle & Foot, Office visits.

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

**Decision rationale:** The California MTUS guidelines state that referral for surgical consultation is indicated for patients who have: activity limitation for more than one month; failure of exercise programs to increase range of motion and strength of the musculature around the foot and ankle; and, clear clinical and imaging evidence of a lesion that has been shown to benefit, in both the short- and long-term, from surgical repair. Guideline criteria have been met. This patient presents with activity limitation greater than one month and has failed to improve with conservative treatment. There is imaging evidence of a tendon tear. Therefore, this request for surgical consult for the right ankle is medically necessary.