

Case Number:	CM14-0088215		
Date Assigned:	07/23/2014	Date of Injury:	11/22/2011
Decision Date:	09/15/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/12/2014

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 64-year-old female who was injured in a work related accident on 11/22/11. Records specific to the claimant's left lower extremity indicated current diagnosis of peroneal tenosynovitis. Reviewed was a recent MRI of 02/20/13 showing degenerative changes to the posterior subtalar joint with talonavicular degenerative joint disease and bone marrow edema. There was no indication of peroneal tendon inflammation tearing or clinical findings from imaging. Progress report of 05/17 showed physical examination with restricted range of motion and tenderness diffusely to the ankle. A corticosteroid injection to the ankle was performed at that time. It was noted to provide no evidence of longstanding relief. Based on failed conservative measures and continued complaints of pain, at follow up assessment 05/21/14 surgery was recommended in the form of a tenosynovectomy to the peroneus longus and brevis and possible tendon transfer and repair. There was no further indication of imaging for review in this individual's course of care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tenosynovectomy (L) Peroneous Longus and Peroneous Brevis: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-- Official Disability Guidelines Treatment in Worker's Comp , 18th Edition, 2013 Updates: Ankle procedure- Peroneal tendinitis/ tendon rupture (treatment).

Decision rationale: Based on California ACOEM guidelines and supported by Official Disability Guidelines criteria, the role of tenosynovectomy to the peroneal tendons in this case would not be indicated. Guidelines in regards to surgical referral would indicate need if there is evidence of clinical imaging of a lesion that has been shown to benefit in both short and long term surgical repair. Official Disability Guidelines would support the role of peroneal tendon surgery as an option for ruptured tendons or in individuals that have failed conservative care with evidence of subluxation. This individual's imaging for review fails to demonstrate any degree of peroneal longus or brevis findings. There is no indication of inflammatory findings, subluxation or tearing. Without concordant findings on imaging, the acute need of surgical intervention in this individual would not be considered medically necessary.

Possible Tendon Repair: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Possible Tendon Transfer With Treatment Of Subluxing Peroneal Tendons With Fibula Osteotomy Deepening Procedure: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Sciatic Block: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Pre-Op Labs: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

CBC, CMP, EKG:

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Possible Medical Clearance By A Doctor If Abnormal Tests: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Wheelchair Rental (x3 Months): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Norco 5/325mg one tab q 12hrs prn #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Crutches: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.