

Case Number:	CM14-0097431		
Date Assigned:	07/28/2014	Date of Injury:	11/07/2012
Decision Date:	08/28/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/25/2014

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 Pennsylvania. 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 60-year-old female who sustained an injury to her left knee and right ankle in a work-related accident on 11/7/12. Medical records provided for review specific to the right ankle, include the report of an MRI dated 4/5/14 that revealed an abnormal signal to the talus most likely representing an occult contusion. There was no indication of tendinous injury or other clinical findings. The report of a follow up visit on 5/16/14 noted continued right ankle pain and examination showed tenderness over the peroneal tendon. Based on failed conservative measures of immobilization, medication, activity restrictions and bracing, the treating physician recommended a peroneal tendon repair with possible arthrotomy procedure with a one day inpatient hospital stay

IMR ISSUES, DECISIONS AND RATIONALES

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

In-Patient Hospital Stay (1 Day): 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, Hospital LOS.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in

Worker's Comp, 18th Edition, 2013 Updates: ankle procedure Ankle Arthrotomy (icd 80.17 - Other arthrotomy-ankle)Actual data -- median 5 days; mean 7.7 days ($\hat{A}\pm 0.5$); disc

Decision rationale: The request for Right Open Peroneal Tendon Repair and Possible Arthrotomy is not recommended as medically necessary. Therefore, the request for an inpatient hospital stay would also not be medically necessary.

Right Open Peroneal Tendon Repair and Possible Arthrotomy Procedures: 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, Peroneal Tendinitis/Tendon Rupture.

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) Treatment in Worker's Comp , 18th Edition, 2013 Updates: ankle procedure- Peroneal tendinitis/ tendon rupture (treatment).

Decision rationale: Based on the California ACOEM Guidelines and supported by the Official Disability Guidelines, the request for Right Open Peroneal Tendon Repair and Possible Arthrotomy cannot be recommended as medically necessary. The imaging report does not demonstrate peroneal tendon inflammation, tearing, or any clinical findings. ACOEM Guidelines recommend clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. Without documentation of clinical correlation between imaging and the claimant's physical exam, the acute need of a peroneal tendon repair and possible arthrotomy cannot be supported.