MAXIMUS Federal Services

Case Number:	CM14-0099606		
Date Assigned:	07/28/2014	Date of Injury:	08/11/2010
Decision Date:	08/29/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	06/27/2014

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 48-year-old, female who sustained a vocational injury when she was cleaning around a Jacuzzi and slipped and fell on 09/11/10. Limited clinical records are available for review. The report of an MRI of the left ankle dated 10/02/13 identified severe, partial thickness tearing of the posterior tibial tendon with a large amount of surrounding fluid and edema. There was small to moderate joint effusion, more prominent posteriorly. There was tenosynovitis of the flexor digitorum longus, and anterior extensor digitorum longus tendons. There were probable degenerative marrow changes of the talocalcaneal articulation. Prior conservative treatment has included four or five injections of the ankle. This review is for surgical repair of the posterior tibial tendon, exploration and decompression of the peripheral nerves, including the posterior tibial nerve.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgical repair of the posterior tibial tendon, exploration and decompression of the peripheral nerves, posterior tibial nerve: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and 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); Foot and Ankle Chapter: Surgery for posterior Tibial Tendon Ruptures.

Decision rationale: Based on the California ACOEM Guidelines and supported by the Official Disability Guidelines, the request for surgical repair of the posterior tibial tendon, exploration and decompression of the peripheral nerves, posterior tibial nerve of the left ankle cannot be recommended as medically necessary. Currently there are no clinical notes available for review documenting that the claimant has subjective complaints, abnormal physical exam objective findings, and functional deficits which would help establish the medical necessity of the requested procedure. Furthermore, it is unclear as to the request for the exploration and decompression of the peripheral nerves including the posterior tibial nerve due to the fact that there are no recent clinical notes available for review helping to define the medical necessity for the additional procedures. Treatment abnormalities for posterior tibial tendon dysfunction depend on the staging. Conservative measures may work in the early stages, while surgical treatment is mandatory for the later stages. Reconstructive surgeries are advised at Stage II where as in Stage III and Stage IV correcting and stabilizing arthrodesis is advised as opposed to reconstruction. Therefore, based on the documentation presented for review and in accordance with the guidelines, the request for the surgical repair of the posterior tibial tendon, exploration decompression of the peripheral nerves including the posterior tibial nerve is not medically necessary.