

Case Number:	CM14-0123101		
Date Assigned:	08/08/2014	Date of Injury:	10/15/2004
Decision Date:	07/16/2015	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	08/04/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

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 injured worker is a 57-year-old male who sustained an industrial injury on 10/15/04. Injury occurred when the golf cart he was riding in flipped over and he was ejected, landing on his right side. He sustained right shoulder injuries and a fractured pelvis. Past surgical history was positive for multiple right ankle/foot surgeries, including right foot reconstruction for a cavovarus foot and peroneal tendon pathology in June 2008, superficial tumor and hardware removal in December 2008, and removal of screws and sural nerve excision with placement into bone in 2010. He underwent a lumbar sympathetic block in 2012 without benefit, and sural nerve injections in July and August 2012 with reported benefit. The 5/23/12 agreed medical examiner report found the injured worker to be permanent and stationary with subjective findings of constant slight right foot/ankle pain, and objective findings of right thigh and calf atrophy, loss of ankle motion, and sensory loss of the sural nerve. The 7/18/12 right foot MRI impression documented intact surgical reconstruction of the peroneus brevis tendon, intact distal peroneus longus tendon, and unchanged fatty atrophy of the abductor digiti minimi muscle. The 5/9/14 pain management consultant report indicated that the injured worker had undergone 5 foot surgeries including sural nerve resection. He was last seen in 2012 and presented with chronic residual right foot pain radiating to the right leg with associated numbness and weakness. The injured worker was taking Norco and it was not providing adequate help. Physical exam documented symmetric lower extremity motor strength limited by pain on the right, right lateral foot numbness, antalgic gait, and restricted range of motion. The injured worker was deemed a candidate for repeat sural nerve surgery but a right sural and superficial peroneal nerve block

was requested first. A change in medication was recommended to gabapentin or Lyrica with weaning off the Norco. The 6/26/14 treating physician report indicated that the injured worker had significant pain relief with right proximal sural nerve diagnostic injection proximal to the previous excision. No objective findings were noted. Authorization was requested for repeat right leg nerve exploration and excision of the sural nerve with implantation into bone or muscle. The 7/15/14 utilization review non-certified the request for repeat right leg nerve exploration and excision of the sural nerve with implantation into bone or muscle as there was no recent sural nerve conduction study and on-going symptoms were not different than the permanent and stationary findings to support the medical necessity of repeat surgery. The 12/9/14 treating physician report cited increased constant right ankle pain and inflammation. The injured worker had persistent posterolateral hindfoot pain with a working diagnosis of sural nerve neuritis. He has had a notably positive response to previous injections and it was felt that there was a residual branch of the sural nerve that had not been entirely excised. He had near complete relief with sural nerve injections and nothing else had worked. Symptoms remained focused along the sural nerve. Physical exam documented 4/5 right foot/ankle global weakness, guarded foot adduction, antalgic gait, mild swelling, increased sural nerve sensitivity, and irritable Tinel's sign over the course of the sural nerve over the posterolateral hindfoot. Repeat right leg nerve exploration and excision of the sural nerve with implantation into bone or muscle was again requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

One repeat nerve exploration right leg excision sural nerve implant into bone or muscle:
Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 343-345.

Decision rationale: The California MTUS guidelines recommend foot and ankle 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. Guideline criteria have been met. This injured worker presents with increased levels of right ankle pain and inflammation above the documented permanent and stationary levels. Clinical exam findings are consistent with sural nerve pathology. The treating physician has opined that the sural nerve was not previously completely excised and repeat surgery is warranted. Conservative treatment has included sural nerve injections with near complete relief and all other treatments have failed to provide benefit. Given the consistent and positive response to diagnostic injections, repeat surgery is reasonable. Therefore, this request is medically necessary.