MAXIMUS Federal Services

Case Number:	CM14-0193246		
Date Assigned:	12/01/2014	Date of Injury:	11/05/2010
Decision Date:	01/20/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/18/2014

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 Foot and Ankle Surgery, and is licensed to practice in Massachusetts, Nebraska, and Texas. 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:

The injured worker is a 51-year-old female who reported an injury on 11/05/2010. The mechanism of injury involved a fall. The current diagnosis is pain in the right limb. Previous conservative treatment is noted to include multiple injections, medication management, and physical therapy. The injured worker presented on 10/22/2014 with complaints of 6/10 right ankle pain. Physical examination revealed an inability to heel or toe walk, an inability to squat, significant late midstance pronation, 10 degree dorsiflexion, 40 degree plantarflexion, 15 degree inversion, 5 degree eversion, full metatarsophalangeal joint range of motion, negative anterior drawer sign, positive Tinel's sign with percussion of the deep peroneal nerve to the right ankle and the saphenous nerve to the anterior medial aspect of the right ankle, and dysesthesia distally to the dorsal aspect of the right foot and ankle. Treatment recommendations at that time included a saphenous neurectomy to the right ankle with transposition. A Request for Authorization form was then submitted on 10/23/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Saphenous neurectomy right ankle with saphenous nerve transposition: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Journal of the American Academy of Orthopaedic Surgeons. 2002 Mar-Apr; 10(2):130-7. Saphenous neuritis: a poorly understood cause of medial knee pain. Morganti CM1, McFarland EG, Cosgarea AJ.

Decision rationale: According to the American Academy of Orthopaedic Surgeons, saphenous neuritis is a painful condition caused by either irritation or compression at the adductor canal or elsewhere along the course of the saphenous nerve. The diagnosis is confirmed by relief of symptoms after injection of the affected area with local anesthetic. Initial treatment can include nonsurgical symptomatic care, treatment of associated pathology, and diagnostic or therapeutic injections of local anesthetic. There is no indication that this injured worker has exhausted conservative treatment. The injured worker has a positive Tinel's sign with dysesthesia. There is no documentation of an exclusion of other possible pain generators. Based on the clinical information received and the above mentioned peer reviewed literature, the request is not medically necessary and appropriate at this time.