

Case Number:	CM14-0197105		
Date Assigned:	12/05/2014	Date of Injury:	12/18/2013
Decision Date:	01/29/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/24/2014

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 Podiatrist and is licensed to practice in New York. 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 female who suffered an industrial related injury on 12/18/13. A MRI done on 2/24/14 revealed a partial tear of the peroneus brevis tendon. A physician's report dated 5/19/14 noted the injured worker was status post right ankle anterior talofibular ligament tear peroneal longus and brevis. The physical examination revealed tenderness to palpation on the lateral collateral anterior talofibular ligament and calcaneofibular ligament. Pain in the deltoid was noted and an anterior drawer exam was positive. A physician's report dated 6/16/14 noted the injured worker has had no improvement since the injury and presented with severe pain. The pain was rated as 5 out of 10 with numbness and tingling. A physician's report dated 8/28/14 noted the injured worker continued to have swelling with pain and stiffness. The physician noted the injured worker had participated in physical therapy and used anti-inflammatory gels. The physical examination revealed significant edema along the lateral malleolus, retromalleolar region, and pain with active eversion. Clicking and grinding with push-pull movement of the ankle joint and significant tenderness to palpation along with retromalleolar areas as well as the sinus tarsi with eversion was noted. The physician's impression was of a right peroneal brevis tear with possible stenosing tenosynovitis. On 10/28/14 the utilization review (UR) physician denied the request for a right foot/ankle tenogram. The UR physician noted there had been no attempts to administer local injections to the sinus tarsi or lateral malleolus and it may be helpful to perform these injections before requesting a tenogram.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Foot/Ankle Tenogram: 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): 372-373. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.gov/ubpmmed/113414> J Bone Joint Surg Br. 1979 Aug; 61-B(3):347-51 The stress-tenogram in the diagnosis of ruptures of the lateral ligament of the ankle. Evans GA, Frenyo SD.

Decision rationale: After careful review of the enclosed information and the pertinent guidelines for this case, it is my feeling that the decision for a right foot/ankle tenogram is medically reasonable to assess this patient's right ankle pain. It is well documented in the progress notes that this patient has been suffering with right ankle pain for many months. Conservative treatments have included physical therapy, immobilization, anti-inflammatory medications, and orthotics. Patient has continued to have pain. Patient has also undergone radiographs and an MRI. The MRI demonstrates numerous pathologies to the right foot and ankle area, which is the area of the patient's pain. Specifically the MRI advises of a split thickness tear of the peroneal braves tendon. There is also pathology to the lateral malleolus and the lateral ankle ligaments. Because of the recalcitrant nature of this patient's pain, and the unresponsiveness to conservative care mentioned above, I feel that a tenogram is the next reasonable diagnostic test to pinpoint the area patient's pain and pathology. Chapter 14 of the MTUS guidelines states that: For most cases presenting with true foot and ankle disorders, special studies are usually not needed until after a period of conservative care and observation. Most ankle and foot problems improve quickly once any red-flag issues are ruled out. Routine testing, i.e., laboratory tests, plain-film radiographs of the foot or ankle, and special imaging studies are not recommended during the first month of activity limitation, except when a red flag noted on history or examination raises suspicion of a dangerous foot or ankle condition or of referred pain. It is well documented that this patient has had their right foot and ankle pain greater than one month and has been unresponsive to conservative care. This recalcitrant nature of the pain can be considered a red flag. Furthermore, the above mentioned medical study advises that there is a high degree of diagnostic accuracy with a tenogram.