

Case Number:	CM14-0033346		
Date Assigned:	06/20/2014	Date of Injury:	09/18/2013
Decision Date:	05/01/2015	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/17/2014

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: Minnesota, Florida
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:

The injured worker is a 40-year-old female, who sustained an industrial injury on 9/18/13. She reported left ankle pain and swelling on the lateral aspect when she walked backwards and stepped into a hole. The injured worker was diagnosed as having left ankle sprain, cervical spine sprain/strain with spasms and left calcaneal spur. The ankle MRI scan showed tibialis posterior tendinitis but no torn ligaments. Treatment to date has included acupuncture, oral pain medications, foot brace, EMG and nerve conduction studies of bilateral lower extremities, ankle injection with corticosteroids, and activity restrictions. Currently, the injured worker complains of left ankle pain, numbness and cramping with occasional swelling, left shoulder throbbing pain, neck pain with needle sensation and pain traveling down bilateral arms. Physical exam performed on 2/21/14 revealed cervical spine tenderness, diminished range of motion, left shoulder tenderness, diminished range of motion and left ankle tenderness with diminished range of motion. The treatment plan included continuation of oral medications. A request for left ankle arthroscopy, ligament repair, and fasciotomy with surgical release of the first branch of the lateral plantar nerve was noncertified by Utilization Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Ankle Arthroscopy, Repair of Secondary Ligament with Fasciotomy and Surgical Release of First Branch of Lateral Planar Nerve as an outpatient: Upheld

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): 374, 375, 377. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot Chapter, Surgery for Plantar Fasciitis.

Decision rationale: California MTUS guidelines indicate surgical considerations for activity limitation for more than one month without signs of functional improvement, failure of exercise programs to increase range of motion and strength of the musculature around the ankle and foot, and clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long-term from surgical repair. The guidelines indicate ligament repairs are generally reserved for chronic instability. Most patients have satisfactory results with physical rehabilitation and thus avoid the risk of surgery. Surgical reconstruction of the lateral ankle ligament is indicated for symptomatic patients with ankle laxity demonstrated on physical examination and positive stress films. The MRI scan did not show any torn ligament. There is no instability documented on physical examination. Stress films have not been performed and as such, there is no imaging evidence of a torn ligament or instability. Therefore, the requested ankle arthroscopy and repair of "secondary ligament" is not supported. ODG guidelines do not recommend surgery for plantar fasciitis except in severe cases when other treatment fails. In general, heel pain resolves with conservative treatment. As such, the request for fasciotomy and surgical release of the first branch of lateral plantar nerve is also not supported. Therefore the request is not medically necessary.