

<b>Case Number:</b>	CM15-0000129		
<b>Date Assigned:</b>	01/09/2015	<b>Date of Injury:</b>	02/25/2010
<b>Decision Date:</b>	03/17/2015	<b>UR Denial Date:</b>	12/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2014

### 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 (IW) is a 47 year old female, who sustained an industrial injury on 2/25/2010. She has reported right ankle and foot pain after twisting it on work premises and was diagnosed with right tibialis anterior tendinosis, pain in the ankle joint, cortisone injections, fibrosis with possible cutaneous nerve impingement and equinus deformity. Treatment to date has included physical therapy, use of durable medical equipment, pain medications, custom LAFO, platelet rich plasma injections, ice and elevation, surgical consultation, surgical repair on June 27, 2012, radiographic imaging and diagnostic studies. Currently, the IW complains of continued pain in the right ankle with activity, sleep disturbances, decreased ability to perform activities of daily living and gait abnormalities. The IW reported an injury to the right ankle/foot after twisting it at work in 2012. It was noted the IW underwent physical therapy, treatment modalities as listed above and surgical procedure without resolution of the pain. On June 16, 2014, after a long absence following surgical repair of the right ankle, the IW returned to the clinic with complaints of ongoing right ankle/foot pain. She complained of a pulling sensation and a clicking sound and compared the symptoms to the pre-surgical symptoms. It was noted during this visit, magnetic resonance imaging in 2011 revealed no fractures of the right foot/ankle and on May 22, 2012 MRI revealed mild osteoarthritis of the talonavicular joint with a possible tear. No complete rupture or tear was noted. The plan was for pain medications. Topical pain medications, a custom ankle brace. Ice/heat packs and possible MLS laser treatment if the symptoms persist. On July 26, 2014, symptoms persisted and a boot was dispensed. MRI from June 28, 2014 was reviewed revealing no tears. The IW underwent a physical therapy evaluation

on September 17, 2014. A home exercise plan was initiated and a plan for PT 3 times weekly for 4 weeks was established. By October 24, 2014, the IW was noting a little less pain but reported she was still too weak to walk and complained of continued pain with activity. On November 3, 2014, physical therapy was continued and she noted residual soreness with a continued clicking sound. Ultrasound on November 7, 2014 revealed no abnormalities. On December 8, 2014, a request for another surgical procedure was made secondary to continued symptoms. On December 16, 2014, Utilization Review (UR) non-certified requests for repair of the extensor tendon of the right foot anterior tibialis tendon, acellular dermal matrix application of the right foot, nerve block to the right foot, a splint for the right lower extremity, excision of a scar from the right foot/ankle and for an assistant surgeon noting the ODG guidelines. On December 31, 2014, the injured worker submitted an application for IMR for review of requests for repair of the extensor tendon of the right foot anterior tibialis tendon, acellular dermal matrix application of the right foot, nerve block to the right foot, a splint for the right lower extremity, excision of a scar from the right foot/ankle and for an assistant surgeon.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Repair of extensor tendon, right foot anterior tibialis tendon: 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)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374,.

**Decision rationale:** The injured worker underwent surgery on the right ankle on 6/27/2012. The procedure was performed for the preoperative diagnosis of tibialis anterior tendinosis of right foot and ankle but there was no definite imaging evidence of a rupture. Postoperative diagnosis was the same. A longitudinal tear was noted but no rupture of the tendon was found. The procedure performed was a repair of the tibialis anterior tendon with application of acellular tendon matrix from an allograft tendon. MRI scan of the right ankle dated 6/28/2014 revealed a large cornuate type os navicular. Thickening of the tibial spring ligament was consistent with remote injury. Deep portions of the deltoid ligament complex were normal. The syndesmotiic and low lateral ligaments were intact. The medial flexor, peroneal, and extensor tendons were normal. Achilles tendon and plantar aponeurosis were unremarkable. The sinus Tarsi was clear. Alignment was normal. No joint effusions or marrow signal abnormalities. No degenerative changes or focal cartilage lesions. There was no explanation for the medial ankle pain. An ultrasound examination of the right foot dated November 28, 2014 was negative. No abnormality was identified on the dorsum of the right foot. X-rays of the right foot and ankle dated 11/6/2014 were negative for fracture. There was no dorsal exostosis along the course of the anterior tibial tendon. The disputed issue is the utilization review non-certification of the request for repair of extensor tendon right foot anterior tibialis tendon, acellular dermal matrix application, right foot, nerve block, right foot, posterior splint, right lower extremity, excision of scar right foot/ankle, and assistant surgeon. The decision was based upon conflicting MRI findings between the treating physician and the radiologist. The California MTUS guidelines

indicate surgical considerations or 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 MRI scan of 6/28/2014 did not show any surgical lesion. In particular, there was no tear of the tibialis anterior tendon for which a surgical repair is requested. The ultrasound was also negative. There was nothing on the x-rays that required surgery. In light of the above, the request for repair of the tibialis anterior tendon is not supported by guidelines and as such, the medical necessity of the request is not substantiated.

**Acellular dermal matrix application, right foot #1: 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.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Nerve block, right foot #1: 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.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Posterior splint, right lower extremity #1: 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.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Excision of scar (<4cm), right foot/ankle #1: 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.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Assistant surgeon #1:** 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.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.