

Case Number:	CM15-0102472		
Date Assigned:	06/04/2015	Date of Injury:	01/24/2000
Decision Date:	07/02/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/28/2015

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: California, Indiana, Oregon
 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 57-year-old male injured worker suffered an industrial injury on 01/24/2000. The diagnoses included post-tibial tendonitis. The injured worker had been treated with physical therapy and medications. On 3/31/2015, the treating provider reported pain in the right ankle and post-tibial tendon was worse. Weight bearing was worse. On exam, dorsiflexion was painful and tenderness was over the post tibial region. The treatment plan included Right Ankle Surgery and Tenolysis post-tibia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tenolysis post Tibia: 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 Official Disability Guidelines (ODG) ankle and foot.

Decision rationale: CA MTUS/ACOEM is silent on the issue of posterior tibial tendon dysfunction. ODG ankle and foot is referenced. Posterior tibial tendon debridement: Surgery is recommended only after attempts have been made with NSAIDs and immobilization including casting or orthotic supports dictated by the stage of the disease. Casting is recommended for 8 weeks. In this case there is no evidence of a failure of cast treatment in the exam note of 3/31/15, therefore the request is not medically necessary.

Right Ankle Surgery: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374 and 375. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Ankle & Foot (Acute & Chronic), Surgery for posterior tibial tendon ruptures.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ankle and foot.

Decision rationale: CA MTUS/ACOEM is silent on the issue of posterior tibial tendon dysfunction. ODG ankle and foot is referenced. Posterior tibial tendon debridement: Surgery is recommended only after attempts have been made with NSAIDs and immobilization including casting or orthotic supports dictated by the stage of the disease. Casting is recommended for 8 weeks. In this case there is no evidence of a failure of cast treatment in the exam note of 3/31/15, therefore the request is not medically necessary.