

Case Number:	CM15-0103806		
Date Assigned:	06/08/2015	Date of Injury:	07/18/2013
Decision Date:	07/08/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	05/29/2015

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 injured worker is a 36 year old male, who sustained an industrial injury on 7/18/2013. The current diagnoses are foot pain, knee pain, status post posterior cruciate ligament reconstruction with allograft and medial collateral ligament reconstruction. According to the progress report dated 3/4/2015, the injured worker complains of right ankle pain. The level of pain is not rated. The physical examination of the right ankle reveals posterolateral swelling, tenderness over the posterolateral ankle over the peroneal tendons wrapped around the fibula, and prominence of the screw heads. The current medications are Amitriptyline, Hydrocodone/APAP, Colace, and Lactulose. Treatment to date has included medication management, computed tomography scan, physical therapy, home exercise program, steroid injection, and surgical intervention. The plan of care includes peroneal tendon repair.

IMR ISSUES, DECISIONS AND RATIONALES

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

Peroneal tendon repair: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation ODG Foot and Ankle Chapter.

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

Decision rationale: CA MTUS/ACOEM is silent on the issue of peroneal tendon repair. ODG ankle is referenced. Conservative management is recommended for tendinitis and in some cases for rupture. In patients with a tear of a prominence causing irritation, surgery can be beneficial. Early surgery can be considered for acute rupture, anomalous muscle and chronic tears with diminished function. In this case there is evidence of a prominence in the form of retained hardware and chronic tear could be evident. Surgery with peroneal tendon repair is medically necessary.