

Case Number:	CM15-0187244		
Date Assigned:	10/22/2015	Date of Injury:	08/31/2012
Decision Date:	12/03/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/23/2015

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

Certification(s)/Specialty: Emergency Medicine

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 43 year old female, who sustained an industrial injury on 8-31-12. The injured worker was diagnosed as having abnormality of gait; Achilles tendinitis-bursi; other disorders of the synovium-tendon; tibialis tendinitis. Treatment to date has included physical therapy; medications. Diagnostics studies included EMG-NCV study of the right lower extremity (5-26-15); MRI right ankle (6-9-15); MRI right foot (6-9-15). Currently, the PR-2 notes dated 8-5-15 indicated the provider met with the injured worker's case manager and discussed her improvement as regards to the Achilles and the fact that he was requesting surgery. A PR-2 note dated 7-8-15 indicated the injured worker was complaining of her right Achilles pain. She also reports she has been using the CAM boot with Mobilegs crutches and feeling much better. She continues to have pain on the inside of the ankle as well as the outside of the ankle. She also has pain at the insertion of the Achilles tendon. She reports she has been icing and wearing a compression sock. Medications are listed as ibuprofen 600mg on tablet as needed and gabapentin 300mg 1 twice a day. He reviews a right foot MRI revealing edema at the LisFranc articulation with signal changes in the metatarsals which is mild consistent with a healing stress reaction. An EMG-NCV study (5-26-15) of the right lower extremity reveals a "normal study with no evidence of peripheral neuropathy, mononeuropathy or lumbosacral radiculopathy." A Request for Authorization is dated 9-18-15. A Utilization Review letter is dated 9-9-15 and non-certification for Right triple arthrodesis, peroneal repair versus longus to brevis transfer and PTAL. A request for authorization has been received for Right triple arthrodesis, peroneal repair versus longus to brevis transfer and PTAL.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right triple arthrodesis, peroneal repair versus longus to brevis transfer and PTAL:

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) Ankle-foot (Acute and Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot, Surgery for posterior tibial tendon ruptures.

Decision rationale: The requested Right triple arthrodesis, peroneal repair versus longus to brevis transfer and PTAL is not medically necessary. CA MTUS is silent. Official Disability Guidelines, Ankle & Foot, Surgery for posterior tibial tendon ruptures: 'Recommended as indicated below. In the early stages, posterior tibial tendon dysfunction may be treated with rest, non-steroidal anti-inflammatory drugs such as aspirin or ibuprofen, and immobilization of the foot for 6 to 8 weeks with a rigid below-knee cast or boot to prevent overuse. After the cast is removed, shoe inserts such as a heel wedge or arch support may be helpful. If the condition is advanced, a custom-made ankle-foot orthosis or support may be necessary. If conservative treatments don't work, surgery is necessary. The function of the posterior tibial (PT) tendon is to stabilize the hindfoot against valgus and eversion forces. It functions as the primary inverter of the foot and assists the Achilles tendon in plantar flexion. Acute injuries of the PT tendon are rare and mostly affect the active middle-aged patient or they are the result of complex injuries to the ankle joint complex. Dysfunction of the PT tendon following degeneration and rupture, in contrast, has shown an increasing incidence in recent years, and advancing age, comorbidities, and obesity may play a role. Dysfunction of the PT tendon results in progressive destabilization of the hind- and midfoot. Clinically, the ongoing deformation of the foot can be classified into four stages: in stage I, the deformity is distinct and fully correctable; in stage II, the deformity is obvious, but still correctable; in stage III, the deformity has become stiff; and in stage IV, the ankle joint is also involved in the deformity. Treatment modalities depend on stage: while conservative measures may work in early stages, surgical treatment is mandatory for the later stages. Reconstructive surgery is advised in stage II, whereas in stage III and IV correcting and stabilizing arthrodesis are advised. See also Fusion (arthrodesis). A promising treatment option for stage IV may be adding ankle prosthesis to a triple arthrodesis, as long as the remaining competence of the deltoid ligament is sufficient. (Hintermann, 2010) Adult flatfoot deformity can arise from multiple causes, the most common of which remains posterior tibial tendon rupture with subsequent elongation of secondary supportive structures. Regardless of the cause, the fundamental goals of surgical management include correcting peritalar subluxation, restoring hindfoot-midfoot-forefoot relationships and muscle balance, attaining a plantigrade foot, and preserving motion when possible. The injured worker has right Achilles pain. She also reports she has been using the CAM boot with Mobilegs crutches and feeling much better. She continues to have pain on the inside of the ankle as well as the outside of the ankle. She also has pain at the insertion of the Achilles tendon. She reports she has been icing and wearing a

Compression sock. Medications are listed as ibuprofen 600mg on tablet as needed and gabapentin 300mg 1 twice a day. He reviews a right foot MRI revealing edema at the LisFranc articulation with signal changes in the metatarsals which is mild consistent with a healing stress reaction. There is insufficient documentation of imaging confirmation of posterior tibial tendon rupture/displacement. The criteria noted above not having been met, Right triple arthrodesis, peroneal repair versus longus to brevis transfer and PTAL is not medically necessary.