

Case Number:	CM15-0023379		
Date Assigned:	02/13/2015	Date of Injury:	10/21/2013
Decision Date:	03/26/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	02/07/2015

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: New York
 Certification(s)/Specialty: Podiatrist

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 50-year-old female reported a work-related injury on 10/21/2013. According to the letter from the treating provider dated 1/26/2015, the injured worker has instability of the right ankle. The diagnoses include dislocating peroneal tendons and attenuated anterior talofibular ligament. Previous treatments include medications, physical therapy, orthotics and local heat and ice. The treating provider requests Brostrom ankle ligament repair, repair of dislocating peroneal tendons with anchor insertion, right ankle; splint, right ankle; common peroneal block and/or posterior tibial nerve block, right ankle. The Utilization Review on 1/14/2015 non-certified the request for Brostrom ankle ligament repair, repair of dislocating peroneal tendons with anchor insertion, right ankle, per 01/26/2015 order; splint, right ankle, per 01/26/2015 order; common peroneal block and/or posterior tibial nerve block, right per 2/6/2015 order, citing Official Disability Guidelines, Ankle and Foot recommendations and <http://www.ncbi.nlm.nih.gov/pubmed/1951998>.

IMR ISSUES, DECISIONS AND RATIONALES

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

Brostrom ankle ligament repair, Repair of dislocating peroneal tendons with anchor insertation, right ankle, QTY: 1: Overturned

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, Lateral ligament ankle reconstruction (surgery)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374-376.

Decision rationale: It is well documented in the enclosed progress notes that this patient suffers with right sided ankle instability as well as peroneal tendon dislocation disorder right side. She has been treated multiple times with physical therapy. The podiatrist notes that manipulation can pop the peroneal tendons out of the peroneal group and then popped back into place. On 1/26/2015 patient was again seen by her podiatrist. Unfortunately patient has not had resolution of right sided ankle pain. Patient has undergone multiple physical therapy sessions, customized AFO the patient is still unable to work with given restrictions. Patient is unstable without the brace. The podiatrist notes MRI confirmation of peroneal tendon dislocation as well as attenuated anterior talofibular ligament right side. Joint effusion and soft tissue edema is noted on MRI surrounding the right ankle joint. Finally, physical therapy and the podiatrist are both able to dislocate the peroneal tendons upon manipulation. The patient's podiatrist, because patient has failed conservative treatments, recommends surgical correction of the dislocating peroneal tendons as well as the attenuated anterior talofibular tendon. A postoperative splint is requested and either a peroneal and or posterior tibial nerve block. The nerve block is requested by the podiatrist "not for anesthetic purposes, but so that the patient does not undo all the surgery subsequent to the surgery." MTUS guidelines state that: Surgical Considerations: Referral for surgical consultation may be indicated for patients who have: 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. Clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. Earlier, emergency consultation is reserved for patients who may require drainage of acute effusions or hematomas. Referral for early repair of ligament tears is controversial and not common practice. Repairs are generally reserved for chronic instability. Most patients have satisfactory results with physical rehabilitation and thus avoid the risks of surgery. If there is no clear indication for surgery, referring the patient to a physical medicine practitioner may help resolve the symptoms. This patient has well documented CHRONIC right sided lateral ankle instability with unresponsiveness to conservative care including bracing and PT. MRI also demonstrates pathology to this area. After review of the enclosed information and the guidelines, the Brostrom ankle ligament repair, Repair of dislocating peroneal tendons with anchor insertions, right ankle, QTY: 1 is medically reasonable and appropriate according to the above guidelines.

Associated surgical service: Splint, right ankle, QTY: 1: Overturned

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, Bracing (immobilization)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 376.

Decision rationale: Pg 376 of the MTUS guidelines states that:For acute injuries,Immobilization and weight bearing as tolerated, taping or bracing later to avoid exacerbation or for prevention. The podiatrist has recommended bracing/splinting (splinting right ankle) postoperatively to allow for healing. This meets the above mentioned criteria for bracing. This request is medically necessary.

Associated surgical service: Common peroneal block and/or Posterior tibial nerve block, right ankle: 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 WWW.NCBL.NLM.NIH.GOV/PUBMED/1951998

Decision rationale: The enclosed notes and the podiatrist's own explanation of why a common peroneal or posterior tibial nerve block is needed is not clear. The above information / guidelines advises an approach to the posterior tibial nerve block for the use of anesthesia, which the podiatrist admitted was NOT the reason for the injection. This request is not medically necessary.