

Case Number:	CM15-0211225		
Date Assigned:	10/30/2015	Date of Injury:	08/12/2013
Decision Date:	12/11/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	10/27/2015

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, Oregon, Washington
 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:

This is a 52 year old male who sustained an industrial injury on 8-12-2013. A review of the medical records indicates that the injured worker is undergoing treatment for peroneal tendinitis, edema and neuritis. According to the progress report dated 10-12-2015, the injured worker was 20 weeks post-operative for the right ankle. He reported being 50-60% better since the surgery. He had no pain in the morning, but developed progressive general swelling and soreness as the day progressed. He also complained of bilateral knee pain. Objective findings (10-12-2015) revealed minimal right lateral ankle edema. There was diffuse tenderness over a 2cm linear area at the posterior right lateral ankle, centered over the peroneals. There was diffuse right dorsal midfoot tenderness. Treatment has included right peroneal tendon tenolysis and right sural nerve neuroplasty (5-8-2015), ankle foot orthotic (AFO) and physical therapy. The physician noted (10-12-2015) that diagnostic ultrasound examination of the right ankle in the transverse and longitudinal planes revealed a hypochoic thickening of the peroneal tendon sheath. The injured worker underwent injection to the right peroneal tendon sheath on 10-12-2015. The original Utilization Review (UR) (10-16-2015) denied a request for 10 sclerosing injections right ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 Sclerosing Injections Body Part: 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 Official Disability Guidelines (ODG) Ankle & foot / Peroneal tendinitis/ tendon rupture (treatment) Ankle & foot / Sclerotherapy (prolotherapy).

Decision rationale: Per ODG Ankle and foot / Peroneal tendinitis / tendon rupture (treatment): "Recommend conservative treatment for tendinitis, and surgery as an option for a ruptured tendon. Patients with peroneal tendonitis, but no significant peroneal tendon tear, can usually be treated successfully non-operatively. In patients with a large peroneal tendon tear or a bony prominence that is serving as a physical irritant to the tendon, surgery may be beneficial. Peroneal tendonitis is an irritation to the tendons that run past the back outside part of the ankle, and it is a common cause of lateral ankle pain. Commonly it is an overuse condition that responds to conservative treatment, but if it is left untreated, it can progress to a complete tendon rupture. Predisposing factors for peroneal tendonitis and rupture include varus alignment of the hindfoot and peroneal subluxation and dislocation. Participation in certain sports, including downhill skiing, skating, ballet, running and soccer creates higher risk for peroneal tendon tears. If caught early, peroneal tendonitis or instability may be treated conservatively with NSAIDs, immobilization and avoidance of exacerbating activities. Once secondary changes in the tendon occur, however, surgical treatment often becomes necessary. Surgery is indicated in the acute phase for peroneus brevis tendon rupture, acute dislocation, anomalous peroneal brevis muscle hypertrophy, and in peroneus longus tears that are associated with diminished function. (Cerrato, 2009)" ODG continues in the Sclerotherapy (prolotherapy) section to state that sclerotherapy is: "Not recommended. Laboratory studies may lend some biological plausibility to claims of connective tissue growth, but high quality published clinical studies are lacking. The dependence of the therapeutic effect on the inflammatory response is poorly defined, raising concerns about the use of conventional anti-inflammatory drugs when proliferate injections are given. The evidence in support of sclerotherapy is insufficient and therefore, its use is not recommended. (Colorado, 2001)" In this case, the proposed sclerosing injections are not indicated per ODG guidelines thus the recommendation is for non-certification. The request is not medically necessary.