

Case Number:	CM15-0213810		
Date Assigned:	11/03/2015	Date of Injury:	05/27/2014
Decision Date:	12/16/2015	UR Denial Date:	10/19/2015
Priority:	Standard	Application Received:	10/30/2015

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:

The injured worker is a 38 year old female, who sustained an industrial injury on 5-27-2014. The injured worker was being treated for status post rupture of peroneus brevis with persistent rupture left ankle, chronic tendinosis left peroneal tendons, Achilles tendinitis, and arthrofibrosis left ankle with lateral impingement lesion, causing restriction of motion and pain. Treatment to date has included diagnostics, surgical repair of peroneal tendons 1-2015, immobilization, physical therapy, cortisone injection 5-2015 and 9-17-2015, and medications. On 10-05-2015, the injured worker complains of continued pain in her left foot and ankle, rated 4-5 out of 10 at rest and 8 of 10 with any activities. Medications included Gabapentin and Naprosyn. Exam noted a scar on the lateral aspect of the lower leg and ankle surrounding the lateral malleolus, hypersensitivity, moderate tenderness extending down to the inferior peroneal retinaculum. Placing the peroneal tendons on stretch produced moderate pain and at the end of the incision site was a Tinel's, which extended distally. The left calf measures 37.5cm and the right 37cm. Muscle strength was equal sensation well preserved. Deep tendon reflexes were +2 of 4 and the plantar response was flexor. Her stride was shortened on the left side and she displayed excessive pronation instability throughout the entire stance phase of gait. Magnetic resonance imaging of the left ankle (9-14-2015) was reviewed and documented to show severe longitudinal tearing from the lateral malleolus into the inferior peroneal retinaculum. Work status was modified. The treatment plan included repair of ruptured left peroneus tendon and arthroscopic debridement left ankle, non-certified by Utilization Review on 10-19-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repair of ruptured left peroneus tendon and arthroscopic debridement left ankle: 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) Treatment in Workers Compensation (TWC), Integrated Treatment/Disability Duration Guidelines.

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 criteria, Ankle arthroscopy.

Decision rationale: CA MTUS/ACOEM is silent on the issue of ankle arthroscopy. Per the ODG Ankle and Foot criteria, "Ankle arthroscopy for ankle instability, septic arthritis, arthrofibrosis, and removal of loose bodies is supported with only poor-quality evidence. Except for arthrodesis, treatment of ankle arthritis, excluding isolated bony impingement, is not effective and therefore this indication is not recommended. Finally, there is insufficient evidence-based literature to support or refute the benefit of arthroscopy for the treatment of synovitis and fractures." In this case there is no evidence in the cited records from 10/5/15 of significant pathology to warrant surgical care. Therefore the determination is for non-certification. Therefore, the requested treatment is not medically necessary.