Case Number:	CM15-0218413		
Date Assigned:	11/10/2015	Date of Injury:	12/18/2013
Decision Date:	12/21/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	11/05/2015

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:

The injured worker is a 57 year old female, who sustained an industrial injury on 12-18-13. Medical records indicate that the injured worker is undergoing treatment for right ankle peroneus brevis tendinitis and a sprain of the right calcaneofibular ligament of the ankle. The injured worker is currently not working. On (9-18-15) the injured worker complained of more constant right ankle pain rated 8 out of 10 on the visual analog scale. The injured worker also noted swelling, pain on motion and a restricted range of motion. The symptoms were exacerbated by weight bearing. Examination of the right ankle revealed point tenderness over the anterior talofibular ligament. Range of motion was restricted and painful. Strength testing was 5-5. Special orthopedic testing was negative. The treating physician recommended surgical intervention. Treatment and evaluation to date has included medications, ankle brace, injections and physical therapy (6). Current medications include Ibuprofen. The current treatment request is for a right ankle repair of the enolysis paroneal tendon possible arthroscopy of the subtalar joint. The Utilization Review documentation dated 10-15-15 non-certified the request for a right ankle repair of the enolysis paroneal tendon possible arthroscopy of the subtalar joint.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Ankle Repair Enolysis Paroneal Tendon Possible Arthroscopy Subtalar Joint:
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, Arthroscopy; Surgery for Achilles tendon ruptures.

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: arthroscopy, surgery for posterior tendon rupture, surgery for ankle sprain.

Decision rationale: According to the enclosed information this patient suffers with a chronic right ankle tear of the peroneal brevis tendon with stenosising tenosynovitis of the peroneal brevis tendon. Patient has not been afforded pain relief with conservative treatments including physical therapy, ankle brace, and CAM walker immobilization. Surgical repair has been recommended, specifically a tenolysis of the peroneal tendon right side with possible ankle arthroscopy.ODG guidelines state that arthroscopy is recommended for various ankle problems including impingement, osteochondral defects, loose bodies, ossicles, synovitis, adhesions, and instability. This patient does not have any of these diagnoses which would allow for coverage of arthroscopy to the right ankle. Ankle surgery is recommended for grade 3 ligament sprains, however this patient does not have a diagnosis of a grade 3 ligament sprain. Nor does this patient have a diagnosis of a ligament rupture to the ankle. Finally surgery may be recommended for certain tendon ruptures, however this patient does not have diagnostic evidence of a tendon rupture, only tenosynovitis. For these reasons it appears that the surgery cannot be recommended to this patient's right ankle. The request is not medically necessary.