

<b>Case Number:</b>	CM15-0042292		
<b>Date Assigned:</b>	03/12/2015	<b>Date of Injury:</b>	09/16/2013
<b>Decision Date:</b>	04/20/2015	<b>UR Denial Date:</b>	02/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/05/2015

### 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: Illinois, California, Texas  
 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 35-year-old male who sustained an industrial injury on 9/16/13. Injury occurred when he fell off a ladder, landing on his feet from about 10 feet high. He was diagnosed with a comminuted intraarticular fracture of the left ankle calcaneous and compression of the subtalar joint. He underwent a left subtalar arthrodesis with local bone graft on 3/6/14 with subsequent removal of hardware on 9/16/14. Ankle pain reportedly improved following hardware removal. The 1/19/15 bilateral lower extremity electrodiagnostic study was reported as normal. The injured worker has been diagnosed with compensatory lower back pain and lumbosacral strain. Conservative treatment included land based and aquatic therapy for his low back pain. The 2/2/15 left ankle MRI impression documented lateral subluxation of the peroneus longus tendon suggesting injury to the superior peroneal retinaculum. Tendinosis was present without a tear. There was thickening of the calcaneofibular ligament compatible with remote injury. This may partially be due to mild subfibular impingement. Findings documented status post fusion of the subtalar joint posteriorly with solid bony fusion. The 2/11/15 treating physician report cited two sources of ankle pain. There was pain laterally in the subfibular region that tended to stop him after any kind of ankle range of motion exercises or ambulating more than 15 minutes. There was pain over the anteromedial aspect of the ankle that comes and goes. Physical exam documented tenderness over the anteromedial ankle at extreme dorsiflexion, and sharp tenderness over the subfibular region over the peroneal tendons. He was unable to evert due to subtalar fusion. Ankle range of motion produced pain over the peroneal tendon region. He had a mechanical block to dorsiflexion secondary to a horizontally positioned talus. The treating

physician reported the location of pain was consistent with a laterally subluxed peroneal tendon impinging at the tip of the fibula. The treatment plan recommended correction of the peroneal subluxation with a fibular osteotomy to create a groove, 6 visits of post-op physical therapy, and post-op pain medications (Norco 10/325 mg). The 2/19/15 utilization review non-certified a request for left peroneal subluxation repair with fibular osteotomy and associated post-op physical therapy, as there was no evidence that the patient had failed physical therapy and corticosteroid injections. The request for Norco 10/325 mg #60 was modified to #30, as there was no evidence of functional improvement with current medication use. Partial certification was provided for this opioid medication given the risk of withdrawal.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**60 tablets of Norco 10/325mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 376, Chronic Pain Treatment Guidelines Opioids, criteria for use, Hydrocodone/acetaminophen Page(s): 76-80, 91.

**Decision rationale:** This request for Norco 10/325 mg #60 was reported as a post-operative order. As the associated surgical request is not supported, this request is not medically necessary.

**6 post-operative physical therapy visits:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**1 left peroneal subluxation repair with fibular osteotomy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle and Foot.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374-375. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot: Peroneal tendinitis/ tendon rupture (treatment).

**Decision rationale:** The California MTUS guidelines recommend surgical consideration when there is activity limitation for more than one month without signs of functional improvement, and exercise programs had failed to increase range of motion and strength. Guidelines require clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long-term from surgical repair. The Official Disability Guidelines recommend conservative treatment for peroneal tendinitis, and surgery as an option for a ruptured tendon. Guidelines state that 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. 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. Guideline criteria have not been met. This patient presents with pain in the subfibular region over the peroneal tendons with range of motion. Symptoms were reported consistent with imaging evidence of a laterally subluxed peroneal tendon impinging at the tip of the fibula. However, detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial to the left ankle (including physical therapy and injections), and failure has not been submitted. Therefore, this request is not medically necessary at this time.