

<b>Case Number:</b>	CM15-0048242		
<b>Date Assigned:</b>	03/20/2015	<b>Date of Injury:</b>	07/06/2014
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/13/2015

### 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

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 44 year old female who sustained a work related injury when she tripped and twisted her right ankle on July 6, 2014. Initial x-rays were negative for fracture. The injured worker was treated with a boot for immobilization, brace, physical therapy, modalities and stretching, home exercise program and medication. A magnetic resonance imaging (MRI) of the right ankle and foot was performed on August 21, 2014. The injured worker was diagnosed with peroneal tendinitis, right ankle sprain and right foot strain. According to the primary treating physician's progress report on January 19, 2015, the injured worker continues to experience chronic ankle pain in the anterior and lateral right ankle associated with painful range of motion, popping/crepitus and burning sensation. Examination demonstrated localized swelling with tenderness at the lateral malleolus and peroneal tendons and numbness and tingling in the region of the superficial peroneal nerve. Current medications are listed as Gabapentin, Lidoderm patch and Mobic. Treatment plan consists of medications and surgical intervention with a superficial Peroneal Retinacular Ligament Reconstruction as requested by the provider.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Superficial Peroneal Retinacular Ligament Reconstruction:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374-375.

**Decision rationale:** According to the CA MTUS/ACOEM guidelines Chapter 14 (Ankle and Foot Complaints), pg 374-375, 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. The guidelines go onto to recommend referral for early repair of ligament tears is controversial and not common practice. Repairs are recommended for chronic instability. In this case, there is insufficient evidence of the exam note from 1/19/15 of significant pathology to warrant surgery. There is lack of documentation of failure of physical therapy or exercise program for the patient's complaints. Therefore the guideline criteria have not been met and determination is for non-certification. The request is not medically necessary.