

Case Number:	CM15-0052453		
Date Assigned:	03/25/2015	Date of Injury:	01/16/2012
Decision Date:	05/12/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/19/2015

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 42-year-old male with a date of injury of 1/16/12. Injury occurred when he slipped in water and sustained a twisting injury to his right knee. The 3/8/12 right knee MRI impression documented a full thickness tear of the proximal portion of the anterior cruciate ligament, low grade sprain of the medial collateral ligament complex, possible medial meniscus tear, small joint effusion, and resolving lateral femoral condyle bone contusion. The patient had refused surgery and was deemed permanent and stationary on 7/17/12. He presented on 10/21/14 for evaluation and treatment of 3 day history of right great toe numbness and right knee discomfort. He denied new injury. Physical exam documented tenderness to palpation along the sciatic nerve at the sciatic notch. Right knee exam documented positive Lachman test, tenderness to palpation along the anteromedial and lateral joint line and tenderness along the common peroneal nerve, fibular neck, and distal posterolateral thigh. Differential diagnosis included right lower extremity peroneal nerve neuropathy versus radiculopathy, and also possible double crush type syndrome. EMG/NCV testing of the right lower extremity was recommended. The 12/11/14 electrodiagnostic study exam documented right leg aching pain with tingling on the bottom of the right foot, and pain improved with walking. Lower extremity exam documented full range of motion, no atrophy, grossly normal motor strength, normal deep tendon reflexes, and decreased right L5 sensation. The nerve conduction study documented distal latencies and conduction velocities of all the tested nerves within normal limits. There was increased temporal dispersion of the peroneal nerve. EMG findings were within normal limits. The 1/27/15 treating physician report cited continued right lower extremity pain radiating along the lateral aspect of the

extremity. There was tenderness to palpation along the peroneal nerve proximal to the fibular neck along the course of the common peroneal nerve. The impression was right knee peroneal nerve entrapment. The electrodiagnostic study demonstrated a conduction block of the peroneal at the fibular neck. He had not responded to physical therapy and medication. Authorization was requested for peroneal nerve release right knee. Records documented 8 visits of physical therapy from 1/5/15 to 1/27/15. The 3/2/15 utilization review non-certified the request for peroneal nerve release.

IMR ISSUES, DECISIONS AND RATIONALES

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

Peroneal Nerve Release right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.nlm.nih.gov/medlineplus/ency/article/000791.htm> (date accessed 2/25/15).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Maalla R, Youssef M, Ben Lassoued N, Sebai MA, Essadam H. Peroneal nerve entrapment at the fibular head: outcomes of neurolysis. *Orthop Traumatol Surg Res.* 2013 Oct;99(6):719-22. doi: 10.1016/j.otsr.2013.05.004. Epub 2013 Aug 27.

Decision rationale: The California MTUS, Official Disability Guidelines, and the National Guideline Clearinghouse do not provide recommendations for common peroneal nerve release. Peer reviewed literature supports the use of neurolysis for peroneal nerve entrapment at the fibular head in low volume low quality studies. Literature recommends surgery in patients with persistent symptoms, even when symptoms are confined to sensory dysfunction documented by electrodiagnostic testing. Guideline criteria have not been fully met. Clinical exam findings documented sensory loss, but no motor deficit. There is electrodiagnostic evidence of increased temporal dispersion of the peroneal nerve. There is no discussion of the underlying cause of this compressive neuropathy. There is no detailed evidence of comprehensive conservative treatment failure, including corticosteroid injection. Therefore, this request is not medically necessary at this time.