

Case Number:	CM14-0131864		
Date Assigned:	08/20/2014	Date of Injury:	12/28/2012
Decision Date:	11/19/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/18/2014

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. The expert reviewer is Board Certified in Orthopaedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 62-year-old female caregiver sustained an industrial injury on 12/28/12. Injury occurred when she was rushing while walking and rolled her right foot and ankle. She had an immediate onset of pain and was diagnosed with a right foot fracture. Initial conservative treatment included immobilization, walking boot, crutches and 24 visits of physical therapy. She was released from care to full duty work about September 2013. The 5/27/14 initial orthopedic report cited complaints of intermittent shooting right ankle pain and frequent ankle and foot throbbing. She reported swelling with prolonged standing, and occasional numbness in the foot and ankle. There was no weakness. Physical exam documented height 5'7", weight 255 pounds, minimal swelling over the lateral malleolus, and swelling over the lateral ankle which possibly represented a lipoma. There was pain over the anterior and mid-portion of the lateral ligaments and the peroneal tendons. Anterior/posterior drawer was slightly painful with 1+ laxity. Eversion was painful. Inversion, dorsiflexion and plantar flexion were painfree. Tinel's was negative over the posterior tibial nerve. Calf circumference was 41.5 cm right and 40.7 cm left. Bimalleolar circumference was 29 cm right and 28 cm left. Range of motion was symmetrical. Right ankle x-rays were obtained and reported as normal. Right foot x-rays revealed a healed base of the 5th metatarsal fracture with minimal evidence of metatarsal cuboid irregularity. There was no evidence of significant arthritic degenerative changes in the foot. There was a plantar fascial spur and a small dorsal talar spur noted. The diagnosis was chronic lateral ligamentous sprain with minimal laxity of the lateral aspect of the ankle with an ankle effusion and significant peroneal tendon tendonitis. An MRI was recommended. The 7/12/14 right ankle MRI impression documented moderate osteoarthritic change within the tibiotalar joint posteriorly, and mild to moderate osteoarthritis of the talonavicular and anterior subtalar joint. There was tenosynovitis of the flexor hallucis longus tendon sheath, with mild tendinopathy of the posterior tibial tendon.

There was edema of the posterior talofibular ligament and posterior gutter. The 7/15/14 treating physician report cited pain over the lateral aspect of the right heel towards the anterolateral ankle, and over the 5th metatarsal fracture. There was some pain with resistance to foot eversion and with inversion over the peroneal brevis tendon insertion. The MRI showed a hooked healed fracture with evidence of peroneal brevis irritation. The patient continued to have pain and was restricted in her activities. A resection of the base of her 5th metatarsal or repair of her fracture was recommended. The 7/25/14 utilization review denied the request for right ankle/foot surgery as there was no imaging evidence of a peroneal tendon tear or rupture, and the 5th metatarsal fracture was reported as healed. The 10/10/14 right foot CT scan impression documented no fractures, a small plantar calcaneal spur, and some joint space narrowing along the posterior tibiotalar joint associated with some subchondral cysts along the posterior tibial plafond. The 10/16/14 treating physician report cited tenderness over the insertion of the peroneus brevis tendon and pain with inversion and resisted eversion. There was no swelling. The CT scan showed a small fragment over the base of the 5th metatarsal. The fracture appeared healed with minimal degenerative changes of the midfoot. There was no evidence of a non-union. The majority of her pain appeared to be coming from the peroneus brevis tendinitis or tendinosis. A platelet-rich plasma injection was recommended to prevent surgical treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Explore Peroneal right ankle tendon and fracture right 5th metatarsal: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374. Decision based on Non-MTUS Citation Official Disability Guidelines

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, exercise programs had failed to increase range of motion and strength, and there is 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. Guideline criteria have not been met. There is no compelling reason to support the medical necessity of exploration of the peroneal tendon or 5th metatarsal fracture. Imaging does not evidence a peroneal tendon tear or impingement, and the 5th metatarsal fracture was reported as healed. Evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. Therefore, request for Explore Peroneal right ankle tendon and fracture right 5th metatarsal is not medically necessary.

Repair, Flexor Tendon, Leg Primary Without Graft Each Tendon: Upheld

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

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

Decision rationale: The California MTUS guidelines recommend surgical consideration when there is activity limitation for more than one month without signs of functional improvement, exercise programs had failed to increase range of motion and strength, and there is clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long-term from surgical repair. Guideline criteria have not been met. There is no imaging evidence of a tendon tear requiring repair. Therefore, the request for Repair, Flexor Tendon, Leg Primary Without Graft Each Tendon is not medically necessary.

Open Reduction Of Metatarsal Fracture Open Treatment Of Metatarsal Fracture Includes Internal Fixation, When Performed: Upheld

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

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

Decision rationale: The ACOEM guidelines recommend surgical consideration when there is activity limitation for more than one month without signs of functional improvement, exercise programs had failed to increase range of motion and strength, and there is clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long-term from surgical repair. Guideline criteria have not been met. There is no imaging evidence of a current metatarsal fracture or non-union requiring reduction. The 5th metatarsal fracture was reported as healed. Therefore, the request for Open Reduction Of Metatarsal Fracture Open Treatment Of Metatarsal Fracture Includes Internal Fixation is not medically necessary.