

Case Number:	CM14-0148758		
Date Assigned:	09/18/2014	Date of Injury:	04/01/2010
Decision Date:	11/12/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/12/2014

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 Orthopedic 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 is a 65 year old female with a 4/1/10 injury date. She was walking on concrete when she stepped into a hole, injuring her right ankle. In a follow-up on 8/21/14, the patient notes that the previous right ankle injection provided temporary relief. Objective findings included tenderness over the right ankle over the sinus tarsi and anterolateral aspect, and subluxed peroneal tendons with tendinopathy. In a follow-up on 7/31/14, the patient notes more than 60% pain relief with the prior ankle injection but still has some soreness along the side of the ankle. Objective findings included tender peroneal tendons, sinus tarsi, and anterolateral regions. In a follow-up on 6/11/14, the patient reports pain at the lateral ankle at the anterior talofibular ligament (ATFL) and peroneus brevis tendon. She notes instability. Objective findings included swelling along the posterolateral and inferolateral aspects of the ankle, exquisite pain with palpation, pain with passive inversion along the peroneus brevis tendon, pain with resisted eversion, tenderness to palpation of the ATFL, normal ankle range of motion (ROM), and numbness at the lateral edge of the foot including the fifth toe. The provider indicates that the right ankle magnetic resonance imaging (MRI) (1/30/14) shows intact CFL ligament graft, chronic appearing tear of the ATFL and deltoid ligaments, and tendinopathy of the peroneal tendons at the level of the cuboid. Diagnostic impression: anterolateral ankle impingement syndrome, sinus tarsi syndrome, subluxed peroneal tendons, sural nerve entrapment. Treatment to date: right ankle injection w/ temporary relief, physical therapy, bracing, medications, activity modification, alcohol-sclerosing injections to the sural nerve, previous right ankle Brostrom ligament repair (3 years prior, not related to current injury). A UR decision on 9/5/14 denied the requests for right ankle arthroscopy, subtalar arthroscopy, sural nerve excision with transplantation, and repair of subluxing peroneal tendons on the basis that there was no imaging provided to corroborate pathology.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right ankle arthroscopy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. 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.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) states that surgical consultation/intervention 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, and clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. In the present case, there are no imaging reports included in the documentation that corroborate the finding on physical exam. Although the objective findings point to ankle instability, subluxing peroneal tendons, and sural neuropathy, there is no rationale or discussion indicating how an ankle arthroscopy is going to be used in a therapeutic manner address these problems. In addition, the provider's description of the ankle magnetic resonance imaging (MRI) does not indicate that there are any lesions other than chronic anterior talofibular ligament (ATFL) and deltoid ligament tears, but these lesion would not necessitate a diagnostic arthroscopy. Therefore, the request for right ankle arthroscopy is not medically necessary.

Right sural nerve excision with transplantation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Downey MS. Peripheral Neurectomy 1996.
http://www.podiatryinstitute.com/pdfs/Update_1996/1996_11.pdf

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) states that surgical consultation/intervention 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, and clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. In the present case, there are no imaging reports included in the documentation that corroborate the finding on physical exam. Although the objective findings point to ankle instability, subluxing peroneal tendons, and sural neuropathy, there is no rationale or discussion indicating how a subtalar arthroscopy is going to be used in a therapeutic manner address these problems. In addition, the provider's description of the ankle MRI does not

indicate that there are any lesions other than chronic anterior talofibular ligament (ATFL) and deltoid ligament tears, but these lesion would not necessitate a diagnostic arthroscopy. Therefore, the request for right subtalar arthroscopy is not medically necessary.

Right repair subluxing peroneal tendons: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Foot and Ankle Chapter.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) does not address this issue. Official Disability Guidelines (ODG) indicates that, if caught early, peroneal tendonitis or instability may be treated conservatively with non-steroidal anti-inflammatory drug (NSAIDs), immobilization and avoidance of exacerbating activities. Once secondary changes in the tendon occur, however, surgical treatment often becomes necessary. 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. In the present case, surgical repair may be warranted given the objective findings of subluxable peroneal tendons, ankle instability, and minimal relief with physical therapy and ankle bracing, as well as teninopathy on the MRI. However, the MRI report was not available in the documentation, and is necessary prior to considering surgical intervention. Therefore, the request for right repair subluxing peroneal tendons is not medically necessary.