

Case Number:	CM14-0030765		
Date Assigned:	06/20/2014	Date of Injury:	05/15/2005
Decision Date:	02/09/2015	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/11/2014

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, has a subspecialty in Sport Medicine 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:

The injured worker is a 45-year-old female who reported an injury of unspecified mechanism on 05/15/2005. On 08/16/2011, her diagnoses included sural neuritis of the left foot. The clinical notes submitted are handwritten and of poor reproductive quality, making them difficult to read. It was noted that Flector patches did not help her. Lidoderm helped "a little bit." The later notes from 2013 appear to be dealing with her vertigo and headaches, and a prescription for her right foot, which was not related to the original left foot complaint. There was no rationale or Request for Authorization included in this injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sural Nerve Decompression.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Ankle & Foot (updated 12/19/2013) Surgery for peroneal nerve dysfunction.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot, Surgery for peroneal nerve dysfunction. Other Medical Treatment Guideline or Medical Evidence: Peripheral Nerve Entrapments of the Lower Leg, Ankle, and Foot, Ryan M. Flanigan,

MD, Benedict F. DiGiovanni, MD, Foot Ankle Clin N Am 16 (2011) 255-274,
doi:10.1016/j.fcl.2011.01.006

Decision rationale: The request for sural nerve decompression is not medically necessary. The Official Disability Guidelines recommend surgery for peroneal nerve dysfunction as an option after conservative measures, which include avoiding activity that makes the pain worse, steroid injections near the peroneal nerve at the fibular head, and an ankle splint. Decompression at the fibular head is performed in day surgery with the skin numbed with lidocaine and the patient sedated. Once the compression is located, all compression points are released, and it is made certain that the fibula itself is not compressing the nerve. The abstracted article noted that peripheral nerve entrapments of the lower extremity are a relatively rare and heterogeneous group of nerve disorders encompassing a wide variety of etiologies, as well as clinical presentations. Such conditions often present a diagnostic challenge because of the diversity of patient presentations. As such, it is widely believed that these conditions are both underdiagnosed and underreported in the literature. Treatment for peripheral nerve entrapment is highly dependent upon proper identification of the involved nerve and determination of the anatomic location of compression. Imaging and electrodiagnostic studies have helped ease the previous near total reliance on patient history and physical examination in diagnosis of these conditions. All surgical requests must be supported by some type of original diagnostic studies. It cannot be an interpretation from the physician or a summarization within a submitted document. There were no imaging or electrodiagnostic studies submitted with the clinical data. Therefore, this request for sural nerve decompression is not medically necessary.