

Case Number:	CM15-0170259		
Date Assigned:	09/10/2015	Date of Injury:	03/20/2015
Decision Date:	10/08/2015	UR Denial Date:	07/31/2015
Priority:	Standard	Application Received:	08/28/2015

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, Oregon, Washington
 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 43-year-old male injured worker suffered an industrial injury on 3-20-2015. The diagnoses included right ankle pain, right sprain of the internal collateral ligament of the ankle, right posterior tibialis tendinitis, and right peroneal tendinitis. On 7-10-2016, the podiatrist reported he was still in severe pain and walked with a limp using a cane and boot. On exam, there was edema of the right ankle with tenderness and hypersensitivity. Given the large amount of swelling and considerable pain, surgery was recommended to repair the torn tendons and ligament with exploration of the ankle joint to remove inflammatory tissue. Prior treatments included activity modification, physical therapy and home exercise program. The diagnostics included right ankle x-rays 3-25-2015 and 7-10-2015 and right ankle MRI 5-26-2015. The injured worker had not returned to work. The Utilization Review on 7-31-2015 determined non-certification for right ankle arthrotomy, right peroneal tendon debridement with graft placement, and modified brostrom of the right ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right ankle arthrotomy, right peroneal tendon debridement with graft placement, and modified brostrom of the right ankle: Upheld

Claims Administrator guideline: Decision based on MTUS Ankle and Foot Complaints 2004.

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

Decision rationale: CA MTUS is silent on the issue of peroneal debridement and tenolysis. ODG states (Ankle and Foot section): "Recommend conservative treatment for tendinitis, and surgery as an option for a ruptured tendon. 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. Peroneal tendonitis is an irritation to the tendons that run past the back outside part of the ankle, and it is a common cause of lateral ankle pain. Commonly it is an overuse condition that responds to conservative treatment, but if it is left untreated, it can progress to a complete tendon rupture. Predisposing factors for peroneal tendonitis and rupture include varus alignment of the hindfoot and peroneal subluxation and dislocation. Participation in certain sports, including downhill skiing, skating, ballet, running and soccer creates higher risk for peroneal tendon tears. If caught early, peroneal tendonitis or instability may be treated conservatively with 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." As this patient does not have a large peroneal tendon, tear/rupture there is no surgical indication and this recommendation is for non-certification. CA MTUS/ACOEM guidelines are silent on the issue of lateral ankle ligament reconstruction. According to the ODG, Ankle section, lateral ligament ankle reconstruction, criteria includes conservative care, subjective findings of ankle instability and objective findings. In addition, there must be evidence of positive stress radiographs demonstrating at least 15 degrees of lateral opening at the ankle joint performed by a physician or demonstrable subtalar movement. There must also be minimal arthritic joint changes on radiographs. In this case, the exam notes do not demonstrate evidence of stress radiographs being performed. Therefore, the determination is not medically necessary.