

Case Number:	CM15-0045674		
Date Assigned:	03/18/2015	Date of Injury:	12/11/2013
Decision Date:	05/29/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/10/2015

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: New York

Certification(s)/Specialty: Podiatrist

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 54-year-old male, who sustained an industrial injury on 12/11/13. The injured worker has complaints of left ankle pain and low back pain. The diagnoses have included left foot pain; left foot/heel pain and radiculitis. Treatment to date has included injections; magnetic resonance imaging (MRI) of the left ankle; chiropractor treatments; physical therapy; electromyography/nerve conduction study on 9/22/14; X-rays of the left ankle; baclofen and ultracet for pain. The request was for left ankle peroneal tendon, open exploration, delayed primary repair as an outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left ankle peroneal tendon, open exploration, delayed primary repair as an outpatient:

Upheld

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

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

Decision rationale: It is noted in the progress notes that this patient has undergone imaging studies which revealed tenosynovitis of multiple structures in and around the ankle area left side. The major tendons and ligaments about the ankle are intact. The MRI does show osteochondral irregularity on the talar dome. Patient continues to have pain to this area. It is also noted that an ankle arthroscopy was recommended and authorized. MTUS guidelines state that a referral for surgical consultation 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. 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 progress notes do not advise of or reveal any clear clinical and imaging evidence of a lesion (to the peroneal tendon) that has been shown to benefit in both the short and long term from surgical repair. Therefore, the request is not medically necessary.