Case Number:	CM15-0071528		
Date Assigned:	04/28/2015	Date of Injury:	07/08/2013
Decision Date:	06/29/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	04/15/2015

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: Illinois, California, Texas
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 injured worker is a 49-year-old male who sustained an industrial injury on 7/08/13. Injury occurred when he slipped on a wet floor and fell. Past medical history was positive for diabetes mellitus, hypertension, high cholesterol, depression and anxiety. Conservative treatment for the left ankle had included hinged AFO brace, medications, injections, physical therapy, and activity restrictions. The 12/24/13 left ankle MRI impression documented peroneal tendinopathy and mild scarring of the lateral ligamentous complex. There was posterior tibial tendinosis, frayed, swollen appearance of the fibers in the medial ankle. There was deltoid ligament. The 3/2/15 treating physician report cited grade 5/10 left lateral ankle pain. Ankle joint range of motion was painful. Anterior drawer is positive for pain in particular to the peroneal group and the anterior ankle, but negative for anterior displacement of the talus. There was significant tenderness to palpation to the anterior ankle and along the course of the peroneal tendons with edema. His gait was antalgic, and he favored the left side with a limp. Authorization was requested for left ankle arthroscopy, peroneal tendon repair, and for associated surgical service: cold therapy machine, post-operative physical therapy x 34 over 16 weeks, and pre-operative medical clearance. The 4/7/15 utilization review non-certified the left ankle arthroscopy, peroneal tendon repair, and associated surgical requests as there was no formal imaging available for review to support acute tendon tearing. The 4/14/15 treating physician report indicated that the injured worker had received a left ankle injection on his last visit with great pain relief for a few days. Pain had returned and seemed more intense. It was noted to be constant grade 5/10 and stabbing. Pain was greatest over the lateral ankle, and sometimes worse over the back of the ankle on the left side.

The ankle brace provided stability and allowed him to walk better. He had numbness in the 4th and 5th toes. Walking and standing tolerance was limited to 15 minutes at a time. Gait was antalgic, favoring the left side. Ankle range of motion was painful throughout, particularly with maximum dorsiflexion and plantar flexion. There was no crepitation noted. Anterior drawer was positive for pain, in particular to the peroneal group and anterior ankle, and negative for anterior displacement of the talus. Talar tilt was negative. Subtalar joint motion was within normal limits. There was significant tenderness to palpation over the anterior ankle and along the course of the peroneal tendons where there was mild edema. Muscle strength in the peroneal group was 3/5 with remaining quadrants 5/5. Imaging was reviewed and showed increased signal to the anterior aspect of the ankle indicative of anterior ankle synovitis with impingement. There was signal also noted within the peroneus brevis tendon along with a flattened morphology as it courses distal below the fibular indicating a longitudinal split tear within the body of the tendon itself. The diagnosis was chronic lateral left ankle sprain, anterior left ankle synovitis with impingement, and left peroneus brevis longitudinal split tear. The mechanism of injury along with physical exam and MRI findings supported the presence of a chronic longitudinal split tear of the peroneus brevis that had not responded to conservative treatment. The intraarticular injection provided good relief to the anterior ankle and was thus a good diagnostic tool. The treatment plan requested appeal of the left ankle arthroscopy and peroneal tendon repair.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Ankle Arthroscopy, Peroneal Tendon Repair: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (20th Annual Edition) & Official Disability Guidelines, Treatment in Workers' Comp (13th Annual Edition), 2015, Chapter, Ankle & Foot, Peroneal tendinitis/tendon rupture (treatment).

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, and exercise programs had failed to increase range of motion and strength. Guidelines require 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. 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. Guideline criteria have been met. This injured worker presents with persistent right ankle pain and significant functional limitation in weight bearing and walking

tolerance. Clinical exam findings are consistent with reported imaging evidence of a peroneus brevis longitudinal split tear and impingement. Diagnostic injection test was positive. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Therefore, this request is medically necessary.

Pre-Operative Medical Clearance: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (20th annual edition) & Official Disability Guidelines Treatment in Workers' Comp (13th Annual Edition), 2015, Low Back Chapter, Preoperative testing, general.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement (ICSI). Preoperative evaluation. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2010 Jun.

Decision rationale: The California MTUS guidelines do not provide recommendations for pre-operative medical clearance. Evidence based medical guidelines indicate that a basic pre-operative assessment is required for all patients undergoing diagnostic or therapeutic procedures. Middle-aged males with diabetes and hypertension have known occult increased medical/cardiac risk factors. Guideline criteria have been met based on patient's age, comorbidities, and the risks of undergoing anesthesia. Therefore, this request is medically necessary.

Associated surgical service: Cold Therapy Machine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (20th annual edition) & Official Disability Guidelines Treatment in Workers' Comp (13th Annual Edition), 2015, Chapter, Ankle & Foot, Continuous-flow cryotherapy.

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: Cold packs; Continuous flow cryotherapy.

Decision rationale: The California MTUS is silent regarding cold therapy units. The Official Disability Guidelines state that continuous flow cryotherapy is not recommended in ankle complaints. Guidelines support the use of applications of cold packs. This request is for a cold therapy unit for unknown length of use is not consistent with guidelines. Therefore, this request for one cold therapy unit is not medically necessary.

Post-Operative Physical Therapy x 34 over 16 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 14.

Decision rationale: The California Post-Surgical Treatment Guidelines for surgical treatment of peroneal tendon repair suggest a general course of 8 post-operative physical medicine visits over 3 months, during the 6-month post-surgical treatment period. An initial course of therapy would be supported for one-half the general course. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical period. Guideline criteria have not been met. This request for 34 physical therapy visits markedly exceeds guideline recommendations for initial and general course of care. There is no compelling reason to support the medical necessity of this request as an exception to guidelines. Therefore, this request is not medically necessary.