

Case Number:	CM15-0091732		
Date Assigned:	05/18/2015	Date of Injury:	07/08/2013
Decision Date:	06/19/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/12/2015

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:

This injured worker is a 49-year-old male who sustained an industrial injury on 7/8/13. Injury occurred when he was covering the back of a truck and slipped and fell. He reported injury to the left ankle, knee and back. Past medical history was positive for diabetes mellitus, hypertension, high cholesterol, anxiety, and depression. Past surgical history was positive for left knee arthroscopy with partial medial meniscectomy and chondroplasty on 12/12/14. Conservative treatment for the left ankle had included medications, physical therapy, injection, hinged ankle foot orthosis, and activity modification. The 3/5/15 lower extremity electrodiagnostic was within normal limits. The 4/14/15 treating physician report cited grade 5/10 constant, stabbing left lateral ankle pain with 4th and 5th digit numbness. A left ankle injection was provided on 3/2/15 with great pain relief for a few days. The pain had returned and the injured worker felt it was more intense. He was using an ankle brace that helped to provide stability and allowed him to walk better. He reported that walking and weight bearing exacerbated the pain, and rest helped to alleviate it. Standing and walking tolerance was limited to 15 minutes at a time. Left lower extremity exam documented antalgic gait with normal vascular, dermatologic, and neurologic exam. Left foot and ankle exam documented painful ankle joint range of motion, particularly with maximum dorsiflexion and plantar flexion. Anterior drawer sign was positive for pain to the peroneal group and anterior ankle but negative for anterior displacement of the talus. Talar tilt was negative compared to the contra lateral side. Subtalar joint range of motion was full and fluid. There was significant tenderness to palpation over the anterior ankle and along the course of the peroneal tendons where there was mild localized edema. There was 3/5 peroneal muscle weakness. The 12/24/13 MRI impression was documented as peroneal tendinopathy and mild scarring of the lateral ligamentous complex,

posterior tibial tendinosis, and frayed, swollen appearance of the medial ankle fibers. There was deltoid ligament scarring and moderate plantar fasciosis/fasciitis, and mild Achilles enthesopathy. The treating physician reported that his review of imaging showed increased signal to the anterior aspect of the ankle indicative of anterior ankle synovitis with impingement. The signal within the peroneus brevis tendon along with a flattened morphology as it coursed distal below the fibular indicated a longitudinal split tear within the body of the tendon itself. The diagnosis was chronic left lateral ankle sprain, anterior ankle synovitis with impingement, and peroneus brevis longitudinal split tear. The treating physician requested an appeal of a prior denial for surgery based on absence of imaging evidence of acute tendon tearing. He reported that the peroneal pathology was chronic and consistent with the history of injury. 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. He stated that literature supported the use of arthroscopy in the presence of lateral ankle injuries and was indicated given the positive diagnostic injection test. Authorization was requested for left ankle arthroscopy, peroneus brevis tendon repair, pop occupational therapy, pre-operative evaluation to include lab work and EKG if necessary, post-operative medication, and cold therapy unit. The 5/5/15 utilization review non-certified the request for left ankle arthroscopy based on an absence of an imaging report with interpretation by a radiologist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient left ankle arthroscopy: Overturned

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

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; Arthroscopy.

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 arthroscopy as a minimally invasive treatment option for a wide variety of indications, such as impingement, osteochondral defects, loose bodies, ossicles, synovitis, adhesions, and instability. Guideline criteria have been met. This injured worker presents with persistent left ankle pain and standing/walking tolerance limited to 15 minutes. Clinical exam findings are consistent with reported imaging evidence of synovitis with impingement and possible chronic longitudinal split tear of the peroneus brevis. 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.

