

Case Number:	CM15-0097335		
Date Assigned:	05/28/2015	Date of Injury:	08/21/2014
Decision Date:	06/25/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/20/2015

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 57 year old female who sustained a work related injury August 21, 2014, after falling down stairs onto foot. Past history included a subchondral fracture over the dorsomedial aspect of the mid foot with immobilization in a walking cast boot for several weeks and thyroidectomy. According to a physician's follow-up visit, dated April 15, 2015, the injured worker presented with ongoing pain, right lateral ankle. The pain continues especially in the tip of the fibula and also pain noted in the dorsal mid-foot area and due to her altered gait, there is pain over a bunion deformity. Physical examination revealed a small palpable osteophyte over the base of the 2nd TMT (tarsometatarsal articulations) joint, with tenderness over the medial eminence. Assessment is documented as right peroneus brevis tear with probable dorsal mid-foot sprain. At issue, is the request for authorization for peroneus brevis repair and pre-operative medical clearance including; lab work, and electrocardiogram.

IMR ISSUES, DECISIONS AND RATIONALES

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

Peroneus Brevis Repair, 2nd TMT Exostectomy, Hallux Valgus Correction For The Right Foot:
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 & Foot, Peroneal tendinitis/tendon rupture (treatment).

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

Decision rationale: According to the enclosed information this patient presented to their physician 4/15/2015 with ongoing pain to the lateral aspect of the right ankle, right dorsal midfoot, and a new pain around the first MPJ right side. The progress note goes on to advise that patient is experiencing tenderness upon palpation lateral aspect of the right ankle at the tip of the fibula. Pain is also noted dorsal aspect of the second metatarsal base where a palpable osteophyte is noted. Finally patient experiences tenderness upon palpation to the medial eminence of the first metatarsal head with a visible hallux valgus. X-rays reveal hallux valgus and osteophyte second metatarsal base. The note also advises of a peroneal brevis tendon tear on MRI in recent past. 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 enclosed progress notes are explicit in their description of both the clinical and imaging of patient's pathology. For this reason I feel that the surgical correction recommended by the physician meets the MTUS criteria. Therefore, the requested treatment is medically necessary.

Pre-operative Medical Clearance H&P, CBC, CMP, UA, EKG: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, pre op testing.

Decision rationale: According to the enclosed information this patient presented to their physician 4/15/2015 with ongoing pain to the lateral aspect of the right ankle, right dorsal midfoot, and a new pain around the first MPJ right side. The progress note goes on to advise that patient is experiencing tenderness upon palpation lateral aspect of the right ankle at the tip of the fibula. Pain is also noted dorsal aspect of the second metatarsal base where a palpable osteophyte is noted. Finally patient experiences tenderness upon palpation to the medial eminence of the first metatarsal head with a visible hallux valgus. X-rays reveal hallux valgus and osteophyte second metatarsal base. The note also advises of a peroneal brevis tendon tear on MRI in recent past. 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 enclosed progress notes are explicit in their description of both the clinical and imaging of patient's

pathology. For this reason I feel that the surgical correction recommended by the physician meets the MTUS criteria. Because the surgeries can be recommended, the pre operative medical clearance and labs are also recommended. Therefore, the requested treatment is medically necessary.