

<b>Case Number:</b>	CM13-0019273		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	07/13/2012
<b>Decision Date:</b>	01/29/2014	<b>UR Denial Date:</b>	08/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in California. 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 physician 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/services.

### 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 patient is a 46-year-old who reported an injury on 07/13/2012. The mechanism of injury was not provided for review. The patient underwent an open repair of the right Achilles tendon and peroneus brevis of the right lower extremity in 08/2012. The patient underwent an electromyogram status post surgical intervention that revealed active denervation of the right peroneal nerve and posterior tibial nerve. The patient's most recent clinical examination findings indicated that the patient had severe right ankle pain that interfered with her ability to ambulate. It was also noted that the patient's Thompson test revealed an intact Achilles tendon although there was thickening noted upon palpation. The patient's diagnoses included right Achilles tendon rupture, status post failed right Achilles tendon repair, low back pain and difficulty walking. The patient's treatment plan included surgical intervention.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**tendon transfer to reconstruct the right Achilles tendon:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 375-377. Decision based on Non-MTUS Citation Official Disability Guidelines, 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, Ankle and Foot Chapter, Surgery for Achilles Tendon Ruptures Section.

**Decision rationale:** The clinical documentation submitted for review does provide evidence that the patient continues to have significant pain complaints of the right lower extremity. The American College of Occupational and Environmental Medicine recommends surgical intervention when there is clear evidence on an imaging study to support a lesion that would benefit from surgical intervention. The clinical documentation submitted for review did not provide an independent review of an imaging study that provided a significant lesion that required surgical intervention. Additionally, the American College of Occupational and Environmental Medicine recommends surgical intervention after an adequate course of conservative care has failed to treat the patient's symptoms. The clinical documentation submitted for review does not provide any evidence that the patient received any postsurgical conservative care. The request for a tendon transfer to reconstruct the right Achilles tendon is not medically necessary or appropriate.

**repair, secondary, to the Achilles tendon, with or without graft:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 375-377. Decision based on Non-MTUS Citation Official Disability Guidelines, 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, Ankle and Foot Chapter, Surgery for Achilles Tendon Ruptures Section.

**Decision rationale:** The clinical documentation submitted for review does provide evidence that the patient continues to have significant pain complaints of the right lower extremity. The Ankle and Foot Complaints Chapter of the American College of Occupational and Environmental Medicine (ACOEM) recommends surgical intervention when there is clear evidence on an imaging study to support a lesion that would benefit from surgical intervention. The clinical documentation submitted for review did not provide an independent review of an imaging study that provided a significant lesion that required surgical intervention. Additionally, the American College of Occupational and Environmental Medicine recommends surgical intervention after an adequate course of conservative care has failed to treat the patient's symptoms. The clinical documentation submitted for review does not provide any evidence that the patient received any postsurgical conservative care. The request for a repair, secondary, to the Achilles tendon, with or without graft, is not medically necessary or appropriate.

**Twelve visits of post-operative physical therapy:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary or appropriate.