MAXIMUS Federal Services

Case Number:	CM13-0044729		
Date Assigned:	12/27/2013	Date of Injury:	02/12/2012
Decision Date:	06/30/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/01/2013

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. The expert reviewer is Board Certified in Orthopedic Surgery, 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 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant is a 40 year old female who developed persistent plantar heel pain. The claimant's diagnosis is retrocalcaneal bursitis and Haglund's spur. The records provided for review document that treatment has consisted of orthotics, immobilization, stretching exercises and medication management with anti-inflammatory and narcotic medicine. In review of the deposition transcript, there was mention of a spur that appeared to be on the plantar aspect of the claimant's foot, more consistent with plantar fasciitis as well as bilateral knee complaints and that bilateral knee MRIs had been performed. Reports of radiographs document a plantar spur and Haglund's spur at the calcaneus. There was no documentation of weakness of the gastrocnemius and soleus muscle complex objectively. The musculoskeletal providers have also documented the diagnosis of plantar fasciitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

OSTECTOMY CALCANEUS (RIGHT): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: ACOEM Guidelines recommend surgical consultation for patients with 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 diagnoses of retrocalcaneal bursitis and Achilles tendinopathy have not been well documented or consistent within the medical records provided for review. It is these diagnoses that would be treated by the surgical procedure, removal of the Haglund's spur, and debridement and possible repair of the Achilles tendon. These records do not support an osteoectomy of the calcaneus. The request is not medically necessary and appropriate.

ACHILLES TENDON REPAIR (RIGHT): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: ACOEM Guidelines recommend clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. There is some discrepancy within the medical records as the records do not clearly support the diagnoses of retrocalcaneal bursitis and Achilles tendinopathy. The medical records provided for review did not include an MRI report for the Achilles. Therefore, the records do not support an Achilles tendon repair upon review. The request is not medically necessary and appropriate.