

Case Number:	CM13-0057371		
Date Assigned:	12/30/2013	Date of Injury:	12/03/1996
Decision Date:	04/25/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	11/25/2013

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 64-year-old who was injured in a work related accident on December 3, 1996. Clinical records indicated that the claimant fell from a significant height resulting in a T12 compression fracture and spinal injury as well as a traumatic brain injury. A recent clinical assessment of November 11, 2013 documented continued complaints of right foot pain with stiffness and deformity. Physical examination revealed an equinus deformity of the ankle with dorsiflexion to 0 degrees and plantar flexion to 60 degrees. Sensory examination was decreased to major nerve distributions bilaterally with 0 out of 5 manual muscle strength to ankle dorsiflexion, plantar flexion, hindfoot inversion and eversion. The records documented that conservative care had failed. Surgical recommendations for right Achilles lengthening procedure was recommended for further care. Further clinical imaging or documentation of specific treatment in regards to the claimant's traumatic injury was not noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE RIGHT ACHILLES TENDON LENGTHENING: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Wheelless Textbook of Orthopaedics, Equinovarus Deformity

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Wheelless Textbook of Medicine: Equiovarus Deformity

Decision rationale: The MTUS Guidelines as well as Official Disability Guidelines are silent regarding this procedure. When looking at other evidenced-based orthopedic literature, the request for Achilles lengthening procedure for equinus deformity is considered to be a reasonable mode of treatment. However, in this case there is documentation that the claimant is wheelchair bound with no functional strength to the lower extremities or indication of function use of the lower extremities. Based upon the medical records provided for review, it would be unclear what benefit the proposed surgery would be for the claimant who is absent significant function to the lower extremities from injury. Therefore, the request for a right Achilles tendon lengthening cannot be supported as medically necessary and appropriate.

POSTOPERATIVE PHYSICAL THERAPY SESSIONS:

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.

ONE ASSISTANT SURGEON:

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.