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| Case Number: | CM13-0058652 | | |
| Date Assigned: | 12/30/2013 | Date of Injury: | 12/30/2012 |
| Decision Date: | 03/26/2014 | UR Denial Date: | 11/11/2013 |
| Priority: | Standard | Application Received: | 11/27/2013 |

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 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 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. 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:

An 18 year old claimant with industrial injury 12/30/12. Report from 10/27/13 demonstrates reinjury to left Achilles with re-tear. Exam note demonstrates 10/31/13 evidence of bilateral lower extremity allodynia and hyperesthesias bilaterally. MRI 1/30/13 demonstrates mild Achilles tendinosis without tear.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Achilles tendon repair: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), Chapter 7 pg. 503 and Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: Recommended as indicated below. Open operative treatment of acute Achilles tendon ruptures compared with non-operative treatment is associated with a lower risk of rerupture, but a higher risk of other complications including infection, adhesions and disturbed skin sensibility. Percutaneous repair compared with open operative repair was associated with a

shorter operation duration, and lower risk of infection. (Khan-Cochrane, 2004) Six months of nonsurgical therapy is appropriate for middle-aged patients or athletes with chronic Achilles tenosynovitis. Those that fail this treatment will improve with a limited debridement of diseased tissue without excessive soft tissue dissection of the tendon. Those patients who respond to nonoperative therapy tend to be younger than those who have degenerative tendon changes requiring surgery. (Johnston, 1997) Whether surgical or nonsurgical treatment is best for Achilles tendon rupture depends on whether patients undergo early range-of-motion functional rehabilitation, according to a meta-analysis. Without this rehabilitation, surgery reduces the risk for rerupture by 8.8% over nonsurgical treatment. Surgical options include open, minimally invasive, and percutaneous repair of the tendon, and nonsurgical treatments include casts or special boots with the foot being placed in plantar flexion, which forces movement toward to the sole. The researchers found considerable variation among study results on the basis of whether patients were given functional rehabilitation or were subjected to prolonged immobilization after initial treatment. Patients who underwent surgery returned to work 19.16 days earlier than nonsurgical patients. The authors concluded that nonsurgical treatment is a reasonable treatment choice at centers that use functional rehabilitation with early range of motion since surgical repair did not decrease the rerupture rate and was associated with a higher rate of other complications, but given that not all complications are major, some patients and surgeons may consider the increased rate of other complications following surgical treatment to be an acceptable trade-off for the reduced rerupture rate if functional ROM rehab is not available. In this case there is insufficient evidence of an actual significant tear of the Achilles to warrant surgical intervention. Therefore the determination is for non-certification.

Pain management consultation while in hospital: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), Chapter 7 pg. 503 and Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: As the surgical procedure is non-certified as not medically necessary then the decision for pain management consultation is not medical necessary and non-certified.

Post-op physical therapy for left ankle 3x6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), Chapter 7 pg. 503 and Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The Physician Reviewer's decision rationale: As the surgical procedure is non-certified as not medically necessary then the decision for postoperative physical therapy for left ankle for 18 visits is not medical necessary and non-certified.