

<b>Case Number:</b>	CM13-0061017		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	08/11/2012
<b>Decision Date:</b>	03/25/2014	<b>UR Denial Date:</b>	11/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2013

### 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:

The patient is a 40 year old male with industrial injury 8/11/12. His chief complaint was left foot and ankle pain with numbness in the outer aspect of the heel. Exam revealed ROM of left ankle and foot at 12-42. Non-surgical treatments such as PT, medications and injections have been tried. MRI of the left ankle from 7/10/13 demonstrates partial tear with partial split of the distal Achilles tendon with mild thickening of the medial band of the plantar fascia with a small amount of adjacent soft tissue edema consistent with mild plantar fasciitis. MRI from 7/10.13 of the left foot demonstrates a negative exam. Exam notes from 9/24/13 show patient complained of left foot pain, exam revealed tenderness over the Achilles and pain with attempts at ROM. The treating physician is requesting left foot plantar fasciotomy, repair of Achilles tendon insertion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left foot planter fasciotomy, repair of the Achilles tendon insertion:** Upheld

**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 and Foot

**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:** CA MTUS/ACOEM is silent on the issue of surgery for Achilles tendonitis. Per the Official Disability Guidelines (ODG), 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. 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. 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 no attached evidence in the clinical documents of failure of nonsurgical management. Therefore the determination is for non-certification.