

Case Number:	CM13-0063683		
Date Assigned:	12/30/2013	Date of Injury:	02/19/1998
Decision Date:	04/25/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/10/2013

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 54-year-old gentleman who was injured in a work related accident on February 19, 1998. The clinical records provided for review included an operative report from June 2, 1998 for the diagnosis of stenosing tenosynovitis of the left Achilles tendon with chronic bursitis at its insertion. Surgery included a release of tenosynovitis of the right Achilles tendon with a bursectomy. Recent clinical assessment for review indicates a November 1, 2013 MRI report of the left ankle that indicates the claimant was status post Achilles tendon repair without evidence of re-tearing. There was noted to be mild marrow edema with moderate plantar fasciitis. The November 12, 2013 assessment documented that the claimant had severe complaints of pain in the Achilles tendon noting a CAM walker had not been beneficial. Diagnosis was a non-traumatic rupture to the Achilles. Based on review of the MRI scan, an acute Achilles tendon repair was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

THE REPAIR OF A LEFT RUPTURED PRIMARY ACHILLES TENDON: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 369 and 374.

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

Decision rationale: The CA MTUS and ACOEM Guidelines are silent. The Official Disability Guidelines support repair of an Achilles tendon rupture for significant tearing in the acute setting. Records in this case indicate an injury that is greater than ten years old with previous surgery in 1998 and a recent MRI scan that demonstrates no abnormality of or around the Achilles tendon that would require surgical repair or reconstruction. While the claimant is noted to have continued complaints of pain, his clinical picture including imaging does not support the request for the proposed surgery.