

Case Number:	CM14-0006692		
Date Assigned:	02/07/2014	Date of Injury:	11/13/2012
Decision Date:	06/23/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/17/2014

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 New York. 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 patient describes inversion ankle injury which happened in November 2013. She complains of chronic pain in the posterior foot. She has pain with weight-bearing. The patient reports relief of pain with medication, elevation and rest. She is complaining of pain posterior to the calcaneus and the right foot. On physical examination she is a full range of motion of the right ankle and is no weakness in the right foot. There is no discoloration of the right angle. MRI of the right ankle does not demonstrate any evidence of severe insertional tendinitis of the Achilles tendon. X-ray reveals calcification Achilles tendon and posterior spur in the calcaneus approximately 3 mm. The patient has been diagnosed with right ankle sprain and retrocalcaneal bursitis of the right foot. At issue is whether medical treatment is medically necessary at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROCALCANEAL EXOSTECTOMY WITH REINSERTION OF TENDO-ACHILLIS ,RIGHT FOOT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 274.

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

Decision rationale: The patient has chronic ankle pain. The patient has a diagnosis of retrocalcaneal bursitis. MRI dated September 2013 only shows mild Achilles tendinopathy. The MRI does not diagnosis retrocalcaneal bursitis or significant tendinopathy at the insertion of the Achilles tendon. X-ray from November 14, 2012 shows a 3 mm plantar and abductor calcaneal spur. There was some calcification in the Achilles tendon. Surgical exostosectomy in her scar which is tiny is not medically necessary. It is also not likely to improve the patient's pain. There is no indication at the insertion the tendon should be removed and the MRI shows is not disrupted and it remains intact. The surgery is not medically necessary because the MRI does not support the diagnosis of significant tendinopathy and insertion of the Achilles tendon. Guidelines for surgery are not met.