

<b>Case Number:</b>	CM14-0104113		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	02/18/2014
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	06/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2014

### 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 Occupational Medicine 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 was injured on 02/18/14. A left Achilles tendon repair is under review. He reportedly was injured when he kicked a soccer ball and then stepped down with his left foot and heard a snap in the Achilles area. An MRI dated 02/18/14 revealed diffuse thickening of the lateral half of the Achilles. There was edema and the tendon was intact. Diagnoses included Achilles tendinitis with intrasubstance tear. There was mild hindfoot arthritis and a low-lying muscle belly of the peroneus brevis was possibly a source of impingement laterally. He has been treated conservatively with a Cam Walker boot. He was evaluated by [REDACTED] on 02/19/14. There is a partial tear and he was referred to a foot and ankle specialist. On 04/25/14, he saw [REDACTED] but the notes are largely illegible. The diagnosis was Achilles tendinitis. He was to continue the Cam Walker and was at partial weightbearing for 5 weeks although the note is difficult to read. As of 05/30/14, after 3 months and a Cam Walker, there was no improvement. He was tender at the distal Achilles. He reported aching and throbbing pain. Reportedly he has only used a Cam Walker. There was no other conservative treatment for 3 months. There is no mention of a rehabilitation program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left Achilles Repair:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374. Decision based on Non-MTUS Citation Official Disability Guidelines, Foot/Ankle.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

**Decision rationale:** The history and documentation do not objectively support the request for surgical repair of the left Achilles tendon. The MTUS state "referral for surgical consultation may be indicated for patients who have: -Activity limitation for more than one month without signs of functional improvement -Failure of exercise programs to increase range of motion and strength of the musculature around the ankle and foot -Clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair Earlier, emergency consultation is reserved for patients who may require drainage of acute effusions or hematomas. Referral for early repair of ligament tears is controversial and not common practice. Repairs are generally reserved for chronic instability. Most patients have satisfactory results with physical rehabilitation and thus avoid the risks of surgery. If there is no clear indication for surgery, referring the patient to a physical medicine practitioner may help resolve the symptoms."There is no evidence that emergency surgery is needed and no indication that the claimant has completed or attempted and failed a reasonable course of conservative care including trials of local modalities, active rehab, and the judicious use of medications. Only immobilization has been done. As a result, the medical necessity of surgery has not been clearly demonstrated and is therefore not medically necessary.