

Case Number:	CM14-0010450		
Date Assigned:	02/21/2014	Date of Injury:	05/21/2013
Decision Date:	07/10/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/24/2014

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 Texas. 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 injured worker is a 26-year-old male who reported an injury on 05/21/2013 after a fall. The injured worker reportedly sustained an injury to his left ankle. The injured worker underwent an MRI of the left ankle dated 09/11/2013 that documented there was a high grade partial tear of the Achilles tendon. The injured worker's treatment history included psychological support, multiple medications, physical therapy, and a home exercise program. The injured worker was evaluated on 12/09/2013. Physical findings included left ankle decreased range of motion with tenderness to palpation and motor strength described as 4/5. A request was made for surgical intervention on 12/21/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT ACHILLES REPAIR COMBINED WITH FLEXOR HALLUCIS LONGUS TENDON: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 374. Decision based on Non-MTUS Citation ODG, Ankle and Foot Chapter.

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

Decision rationale: The requested left Achilles repair combined with flexor hallucis longus tendon is medically necessary and appropriate. The clinical documentation submitted for review does indicate that the patient has persistent pain complaints and range of motion limitations that have failed to respond to conservative treatment. The clinical documentation did include an imaging study that supported a partial thickness tear of the left Achilles tendon. The California Medical Treatment Utilization Schedule does not specifically address this surgical intervention. The Official Disability Guidelines do recommend open operative treatment for Achilles tendon ruptures. As the patient has failed to respond to conservative treatment and does have activity limitation and identification of a lesion on the imaging study that would benefit from surgical intervention, surgery would be supported in this clinical situation. As such, the requested left Achilles repair combined with flexor hallucis longus tendon is medically necessary.

PRE-OPERATIVE MEDICAL CLEARANCE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Pre-Operative Testing, general.

Decision rationale: The requested preoperative medical clearance is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does not specifically address this request. The Official Disability Guidelines recommend preoperative clearance for patients undergoing complicated surgical interventions and have comorbidities that put the patient at risk for intraoperative or postoperative complications. The clinical documentation submitted for review does not provide any evidence that the patient is at risk for developing intraoperative or postoperative complications that would require presurgical evaluation and documentation. As such, the requested preoperative medical clearance is not medically necessary or appropriate.

CRUTCHES: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The requested crutches are medically necessary and appropriate. The California Medical Treatment Utilization Schedule does not address this request. The Official Disability Guidelines recommend walking aids to assist with ambulation. The clinical documentation does indicate that the injured worker is a surgical candidate and it would be reasonable to assume there will be a period of immobilization following the requested surgical

intervention. Therefore, crutches would be appropriate in this clinical situation. As such, the requested crutches are medically necessary and appropriate.

CAM WALKER BOOT FITTED: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The requested Cam walker boot fitted is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does not address postsurgical immobilization. The Official Disability Guidelines do recommend postsurgical immobilization for instances of instability following ankle surgery. However, the clinical documentation submitted for review does indicate that the injured worker already has a Cam walker boot. The need for an additional Cam walker boot is not clearly indicated within the documentation. As such, the requested Cam walker boot fitted is not medically necessary or appropriate.

POST-OPERATIVE PHYSICAL THERAPY, TWO TIMES A WEEK FOR FOUR WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 13.

Decision rationale: The requested postoperative physical therapy 2 times a week for 4 weeks is medically necessary and appropriate. The California Medical Treatment Utilization Schedule recommends up to 48 visits of postoperative physical therapy for an Achilles tendon rupture. As the requested surgery is medically indicated for this patient, postoperative treatment would also be supported. The requested 8 visits fall within the California Medical Treatment Utilization Schedule's initial course of treatment. As such, the requested postoperative physical therapy 2 times a week for 4 weeks is medically necessary and appropriate.