

Case Number:	CM14-0012474		
Date Assigned:	02/21/2014	Date of Injury:	03/11/2012
Decision Date:	07/25/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	01/30/2014

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 Pennsylvania. 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:

This is a 45-year-old female who injured her left lower extremity on 03/12/12. The medical records provided for review document that the claimant underwent knee arthroscopy in November 2012. The claimant currently has right ankle complaints and the report of a 02/15/13 MRI shows inflammatory enlargement at the Achilles tendon with a signal change compatible with tendinitis. The follow up report of 01/08/14, almost one year later, notes swelling about the Achilles tendon. Examination was documented to show a limp and a lump in the midportion consistent with partial tearing. There was tenderness to palpation and restricted motor strength at 4+/5. Conservative care was not documented in these records. The recommendation was made for Achilles tendon repair with twelve sessions of postoperative physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Achilles Tendon Repair Right Ankle: 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 (updated 12/19/13): Surgery for achilles tendon ruptures.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374-375. Decision based on Non-MTUS Citation Official Disability

Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: ankle procedure - Achilles tendon ruptures (treatment).

Decision rationale: The California ACOEM Guidelines only addresses surgical indications in general. Based upon the Official Disability Guidelines, the request for the Achilles tendon repair of the right ankle would not be indicated. The ODG recommends surgery for Achilles tendon ruptures. However, the ODG recommends six months of nonsurgical therapy or limited debridement of tissue for Achilles tenosynovitis prior to consideration of surgery. Currently, the medical records fail to identify any degree of partial thickness tearing of the Achilles tendon with the MRI scan demonstrating inflammatory findings. There is also no documentation of conservative care over a six month period of time to support the need for surgical process in the chronic setting. The request in this case would not be supported as medically necessary.

PT 3X 4: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure (Achilles Tendon Repair Right Ankle) is not medically necessary, none of the associated services are medically necessary.