

Case Number:	CM14-0019684		
Date Assigned:	07/02/2014	Date of Injury:	01/05/2014
Decision Date:	08/05/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/18/2014

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 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 injured worker is a 45-year-old male who reported an injury on 01/05/2014. The documentation of 01/23/2014 revealed that the injured worker had pain in the right foot that started during a work invasion in 2006 when he kicked in a door and started to feel right heel pain. Over the years, the pain had worsened. The injured worker had left foot surgery due to retrocalcaneal exostosis, which the injured worker opined was from compensating for his right foot pain. The injured worker had severe pain in the posterior heel. The injured worker had intermediate arch height. X-rays revealed severe retrocalcaneal exostosis in the right heel. The diagnosis was retrocalcaneal exostosis. The treatment plan included a right retrocalcaneal exostosis, and a right Achilles tendon repair.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT RETROCALCANEAL EXOSTOSIS, RIGHT ACHILLES TENDON REPAIR:
Upheld

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

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

Decision rationale: The ACOEM Guidelines indicate that a surgical consultation may be appropriate for injured workers who have activity limitation for more than 1 month without signs of functional improvement. There should be documentation of the failure of an exercise program to increase range of motion and the strength of the musculature around the ankle and foot. There should be clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long-term from surgical repair. The clinical documentation submitted for review indicated that the injured worker had right foot retrocalcaneal exostosis, on x-ray, or which surgical intervention would be supported. Conservative care would not be of benefit for retrocalcaneal exostosis. However, there was a lack of documentation of a right Achilles tendon rupture to support that the injured worker had a lesion that had been shown to benefit in both the short and long-term from surgical repair. Given the above, the request for a right retrocalcaneal exostosis and right Achilles tendon repair is not medically necessary.