

Case Number:	CM14-0026059		
Date Assigned:	06/13/2014	Date of Injury:	11/12/2012
Decision Date:	10/01/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/28/2014

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 Family Medicine and is licensed to practice in Arizona. 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:

Patient is a 38 year old female with a date of injury on 11/12/2012. Diagnoses include Achilles tendinitis, and tarsal tunnel syndrome. Subjective complaints are of persistent severe pain involving the Achilles tendon and the left calcaneus. Physical exam shows tenderness of the left heel at the Achilles tendon insertion site, with a positive Tinel's over the tibial nerve. MRI of the left ankle shows mild Achilles tendinosis. Patient has utilized rest, ice and elevation, and is engaging in a home exercise program. Medications include Lidoderm, and Flector patches. Electrodiagnostic studies show mild S1 radiculopathy, and no focal neuropathy at the tarsal tunnel.

IMR ISSUES, DECISIONS AND RATIONALES

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

EXOSTECTOMY THE LEFT CALCANEUS WITH DEBRIDEMENT OF LEFT ACHILLES TENDINOSIS: 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.

Decision rationale: ACOEM guidelines recommend referral for surgical consultation if activity is limited for more than one month without signs of functional improvement, failure of exercise programs, and clear imaging evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. For this patient, documentation does not show that the patient has exhausted conservative therapy such as physical therapy and steroid injections. Furthermore, MRI demonstrated only mild Achilles tendinitis, and electrodiagnostics did not identify any focal neuropathy at the ankle. Therefore, the medical necessity for Achilles surgery is not established at this time.