

Case Number:	CM14-0044698		
Date Assigned:	06/20/2014	Date of Injury:	03/25/2013
Decision Date:	08/08/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	03/19/2014

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:

40 year old claimant with reported industrial injury 3/25/13. Diagnosis is made of calcaneal tendinitis of the left foot with large calcaneal spur. MRI left foot demonstrates evidence of pre-Achilles tendinitis without tear. Claimant with reported treatment of medications, brace, shoe modifications, injections and physical therapy visits from 3/28/13 to 1/22/14 without relief. Exam note 2/19/14 demonstrates report of severe pain over the posterior aspect of the left calcaneus. Objective findings demonstrate marked tenderness about the calcaneus of the left foot.

IMR ISSUES, DECISIONS AND RATIONALES

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

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 cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Excision of calcaneal spur of the left ankle/foot and debridement of the achilles tendon:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <https://www.mdguidelines.com/achilles-bursitis-or-tendinitis>.

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, Surgery for Achilles tendon ruptures.

Decision rationale: CA MTUS/ACOEM is silent on calcaneal spur and achilles tendon debridement. According to the ODG criteria there must be evidence of achilles tendon rupture to warrant surgical treatment. In this case there is no evidence on MRI of the left ankle of achilles tendon rupture to warrant the surgical procedure. Therefore the request is not medically necessary.

12 Post-operative physical therapy visits: 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 is not medically necessary, none of the associated services are medically necessary.