

<b>Case Number:</b>	CM14-0130423		
<b>Date Assigned:</b>	09/08/2014	<b>Date of Injury:</b>	12/02/2011
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	07/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/15/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: New York

Certification(s)/Specialty: Podiatrist

### 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 was a 56-year-old female, who sustained an industrial injury, December 2, 2011. According to progress note of December 2, 2014, the injured workers chief complaint was left foot pain. The injured worker ambulates with a walker. The injured worker had an obvious deformity to the left foot, from a worker related injury. The physical exam noted the left foot remains in a flexed position. The contracture makes the foot look it was turned medially. The injured worker was unable to turn the foot out. The injured worker was unable to do flexion, extension, inversion or eversion of the left foot. When trying to straighten the foot causes extreme pain. The injured worker was diagnosed with peroneal nerve damage and contracture of the left foot, reactive depression related to the foot injury and a victim of domestic recent abuse by a sister. The injured worker was getting contracture of the left knee. The injured worker previously received the following treatments Norco 1 or 2 tablets every four hours for pain. July 22, 2014, the primary treating physician requested authorization for 1 left foot achilles tendon lengthening, flexor tendon tenotomy, possible arthrodesis of the foot, possible triple arthrodesis and application of multiplanar external fixator. On July 30, 2014, the Utilization Review denied authorization for 1 left foot achilles tendon lengthening, flexor tendon tenotomy, possible arthrodesis of the foot, possible triple arthrodesis and application of multiplanar external fixator. The denial was based on the MTUS/ACOEM and ODG guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left foot achilles tendon lengthening, flexor tendon tenotomy, possible arthrodesis of the foot, possible triple arthrodesis, and application of multiplanar external fixator:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment for Workers' Compensation, online edition, Ankle and Foot Chapter, Surgery for achilles tendon ruptures.

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

**Decision rationale:** After careful review of the enclosed medical records, the pertinent MTUS guidelines, and the above summary, it is my feeling that the Left foot achilles tendon lengthening, flexor tendon tenotomy, possible arthrodesis of the foot, possible triple arthrodesis, and application of multiplanar external fixator is currently not medically necessary or reasonable at this time according to the guidelines. Referral for surgical consultation may be indicated for patients who have: Activity limitation for more than one month without signs of functional improvement; Failure of exercise programs to increase range of motion and strength of the musculature around the ankle and foot; Clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. Earlier emergency consultation is reserved for patients who may require drainage of acute effusions or hematomas. Referral for early repair of ligament tears is controversial and not common practice. Repairs are generally reserved for chronic instability. Most patients have satisfactory results with physical rehabilitation and thus avoid the risks of surgery. If there is no clear indication for surgery, referring the patient to a physical medicine practitioner may help resolve the symptoms. The enclosed medical records do not advise of any conservative treatment for patient's foot pain other than a walking cast. Also unfortunately patient could not tolerate the MRIs of her left foot, therefore there is no documented imaging of her pathology. There is no information discussing any physical therapy to patient's left foot or visits to a physical medicine physician. These are required elements prior to surgical consideration.