

Case Number:	CM14-0196133		
Date Assigned:	12/04/2014	Date of Injury:	01/30/2004
Decision Date:	01/20/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	11/24/2014

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 Surgeon, has a subspecialty in Fellowship Trained in Foot and Ankle Surgery and is licensed to practice in Texas. 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 61-year-old female who reported injuries due to a trip and fall on 01/30/2004. On 05/27/2014, her diagnoses included left ankle sprain with a recommendation for MRI and x-ray. On 10/06/2014, a magnetic resonance imaging (MRI) of the left ankle revealed moderate Achilles tendinosis with very low grade intrasubstance tearing distally. There was a small amount of fluid in the adjacent retrocalcaneal bursa. There was an associated prominent plantar calcaneal spur. A computed radiography of the left ankle on the same date was unremarkable. There was no rationale or Request for Authorization in this injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Excision of Bony Prominency Calcaneus Left and Reattachment of Achilles Tendon with Assistant Surgeon [REDACTED]: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Ankle & Foot Procedure Summary

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374-377. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot, Achilles Tendon Ruptures (treatment)

Decision rationale: The request for Excision of Bony Prominency Calcaneus Left and Reattachment of Achilles Tendon with Assistant Surgeon [REDACTED] is not medically necessary. The California ACOEM Guidelines note that referral for surgical consultation may be indicated for patients who have activity limitation for more than 1 month without signs of functional improvement, and failure of exercise programs to increase range of motion and strength in the musculature around the ankle and foot, and clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. Surgery is recommended for a bunionectomy, excision of neuroma and reconstruction of lateral ankle ligaments. The Official Disability Guidelines recommends open operative treatment of acute Achilles tendon ruptures, which reduces the risk of re-rupture compared to nonoperative treatment, but produces a significantly higher risk of other complications, including wound infection. 6 months of nonsurgical therapy is appropriate for middle aged patients with chronic Achilles tenosynovitis. Nonsurgical treatment is a reasonable treatment choice at centers that use functional rehabilitation with early range of motion since surgical repair did not decrease the re-rupture rate and was associated with a higher rate of other complications. There was no evidence in the submitted documentation that this injured worker was having an acute episode of Achilles tendon rupture, or that she failed conservative treatment, including physical therapy. Her magnetic resonance imaging (MRI) showed a very low grade intrasubstance distal tearing of the Achilles tendon. The clinical information submitted failed to meet the evidence based guidelines for surgical intervention. Therefore, this request for Excision of Bony Prominency Calcaneus Left and Reattachment of Achilles Tendon with Assistant Surgeon [REDACTED] is not medically necessary.