

Case Number:	CM15-0101130		
Date Assigned:	06/03/2015	Date of Injury:	03/10/2015
Decision Date:	07/03/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	05/26/2015

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 is a 62-year-old male, who sustained an industrial injury on 3/10/2015. The current diagnoses are right/left Achilles tendon strain. According to the progress report dated 4/22/2015, the injured worker returns after seeing podiatry, recommends surgery on Achilles spurs, right then left. There were no subjective complaints noted. The physical examination of the right ankle reveals large, chronic swelling at the base of Achilles. The current medications are noted as "none". Treatment to date has included medication management, x-rays, and bilateral cam boots. The plan of care includes foot surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Foot Surgery: Overturned

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: On 4/16/2015 this patient was seeing that her podiatrist with complaints of pain posterior bilateral heels. Patient presents in sandals even though they were supposed to be using the CAM walkers. Tenderness is noted to palpation to the posterior heels at the insertion of the Achilles tendon bilaterally. Patient is noted to have posterior calcaneal spurs since 2013. Patient was counseled on retro calcaneal exostosis with Achilles tendon detachment and reattachment. In addition, x-ray report dated 4/16/2015 demonstrates retro calcaneal entheses with thickening of the Achilles tendon attachment. 4/22/2015 this patient was seen by his physician for evaluation of pain posterior bilateral heels. Tenderness is noted upon palpation to the posterior heels upon physical examination. Impression includes right and left Achilles tendon strain. It is noted in this chart note that the patient has returned from the podiatrist recommended "surgery on the Achilles tendon spurs right and then left."The MTUS guidelines state that surgical correction may be recommended when 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. It appears that all of the criteria have been met according to the enclosed progress notes, exams, and imaging reports. Therefore, I feel that surgical intervention is warranted and medically necessary.