

Case Number:	CM15-0132192		
Date Assigned:	07/20/2015	Date of Injury:	01/07/2008
Decision Date:	08/17/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/08/2015

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: California, Indiana, Oregon
 Certification(s)/Specialty: Orthopedic Surgery

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 56 year old female, who sustained an industrial injury on 1/07/2008. The medical records submitted for this review did not include the details regarding the initial injury. Diagnoses include calcific Achilles tendinitis. Treatments to date include orthotic inserts, physical therapy for treatment of the knee and therapeutic injection to the retrocalcaneal bursa. Currently, she complained of issues with the right Achilles tendon. On 3/5/15, the physical examination documented a new x-ray indicated persistence of calcification. The plan of care included excision of the calcification within the Achilles tendon and assistant surgeon, twelve physical therapy sessions post operatively, crutches and walking boot.

IMR ISSUES, DECISIONS AND RATIONALES

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

Excise Calcification of Right Achilles: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation URL [www.ncbi.nlm.nih.gov/pubmed/7094464].

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 1.) Kang S, Thordarson DB, Charlton TP. Insertional Achilles tendinitis and Haglund's deformity. Foot Ankle Int. 2012 Jun; 33 (6): 487-91.2.) Kearney R, Costa ML. Insertional achilles tendinopathy management: asystematic review. Foot Ankle Int. 2010 Aug;31(8):689-94.

Decision rationale: CA MTUS/ACOEM and ODG are silent on the issue of retrocalcaneal bursectomy and excision of insertional calcifications or calcaneal spur. Alternative literature was referenced. A recent article from Foot and Ankle International examined Haglund's deformity in symptomatic and asymptomatic patients. They determined that a Haglund's deformity was not indicative of insertional Achilles tendonitis and recommend against removal in the treatment of insertional tendonitis. Insertional tendonitis should be treated with nonsurgical management first. Evaluation of operative interventions in the literature has been predominately retrospective and remains a last resort. Based upon the records there is insufficient evidence that sufficient nonsurgical management has been attempted in the records reviewed. There is no evidence that the claimant has been adequately immobilized including casting prior to determination for surgical care. Therefore the request is not medically necessary.

Assistant Surgeon: 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.

Post operative Physical Therapy, Right Ankle, 3 times wkly for 4 wks, 12 sessions: 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.

Post operative Boot, purchase: 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.

Post operative Crutches, purchase: 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.