

<b>Case Number:</b>	CM15-0137010		
<b>Date Assigned:</b>	07/27/2015	<b>Date of Injury:</b>	05/22/2014
<b>Decision Date:</b>	08/28/2015	<b>UR Denial Date:</b>	07/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/15/2015

### 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, 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 53-year-old male, who sustained an industrial injury on 5/22/2014. He reported twisting his left ankle. Diagnoses have included status post inversion-external rotation injury left ankle, rupture of the anterior talofibular ligament left ankle and left Achilles tendinosis with interstitial tearing. Treatment to date has included surgery, physical therapy, immobilization and medication. Per the progress report dated 6/15/2015, the injured worker complained of increasing pain to his left Achilles tendon. He rated his pain as three out of ten at rest and six out of ten with any attempted, repetitive weight-bearing activities. There was a decrease in his left foot and ankle pain from the arthroscopic debridement and the lateral ankle stabilization. Physical exam showed moderate to severe tenderness noted to the Achilles tendon. According to the progress report dated 6/26/2015, the injured worker complained of left ankle pain secondary to an inversion injury and subsequent surgical repair. He also complained of left heel pain, worse with ambulation. He reported post-surgical ankle instability of his left ankle, which would give out at random times. He reported benefit from topical capsaicin cream. Authorization was requested for Tenex percutaneous Achilles tenectomy with ultrasound guidance.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tenex percutaneous achilles tenectomy: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 363-377. Decision based on Non-MTUS Citation Clin Orthop Surg. 2015 Mar; 7(1): 1.7. Published online 2015 Feb 10. doi: 10. 4055/cios. 2015. 7. 1. 1 PMID: PMC4329521 Achilles Tendinosis: Treatment Options Roberto Gabriel L. Lopez, MD and Hong-Geun Jung, MD 2. J Orthop Surg Res. 2015; 10: 70. Published online 2015 May 20. doi: 10. 1186/s13018-015-0207-7 PMID: PMC4490679 Percutaneous ultrasonic debridement of tendinopathy a pilot Achilles rabbit model Srinath Kamineni, Timothy Butterfield, and Anthony Sinai 3. Evidence-Based Medicine Guidelines, Page 643 Ilkka Kunnamo - 2005 - MedicalBMJ 2002:324:1306-7. 2. McLauchlan GJ. Handoll HHG. Interventions for treating acute and chronic Achilles tendinitis. Cochrane Database Syst Rev. 2004.

**Decision rationale:** The mechanism of action for percutaneous Achilles treatment is controversial. Major study to date is based on animal models. Long-term study to elucidate the potential for tendon healing by this treatment modality does not exist. Consequently, there is a lack of agreement on management due to limited outcome data utilizing the requested modality. In the case of this injured worker there is a lack of evidence of Achilles tendon rupture or of a correctable lesion that has been shown to benefit in both long and short term by surgical correction. MTUS guidelines do not recommend surgical intervention in the management of Achilles Tendon disorder barring obvious tendon rupture. MTUS guidelines recommend immobilization and management by Physical Medicine and Rehabilitation specialists. The injured workers presentation is further complicated by a coincident left Achilles compensatory action due to continuing lateral ankle instability, status post corrective surgery, also referenced by MTUS for management by Physical Medicine and Rehabilitation specialists. Tenex percutaneous Achilles Tenectomy is not certified as necessary or beneficial in the management of this patient. Tenex percutaneous Achilles Tenectomy is not medically necessary in the treatment of this patient.

**Ultrasound guidance for needle placement: 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.

**Ultrasound guidance real time with image: 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.