Case Number:	CM15-0183076		
Date Assigned:	09/23/2015	Date of Injury:	05/22/2014
Decision Date:	10/29/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	09/17/2015

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 May 22, 2014. The injured worker was diagnosed as having status post inversion and external rotation injury to the left ankle, almost complete rupture of the anterior talofibular ligament of the left ankle, chronic plus two-left ankle instability status post surgical repair, and Achilles tendinosis with interstitial tearing to the left Achilles as noted on magnetic resonance imaging. Treatment and diagnostic studies to date has included physical therapy, use of a walking boot, use of a small brace the ankle, magnetic resonance imaging of the ankle, above noted procedure, and medication regimen. In a progress note dated September 01, 2015 the treating physician reports complaints of continued increasing pain to the left Achilles tendon. Examination performed on September 01, 2015 was revealing for an open surgical site with granulation tissue with "mild" erythema, trace to plus one edema to the lateral incision site, "mild to moderate" tenderness to the lateral aspect of the right ankle to the incision, "mild to moderate" tenderness to the medial aspect of the right ankle, decreased range of motion to the right ankle, "moderate to severe" tenderness to the right Achilles tendon, and thickened and indurated right Achilles tendon. The injured worker's pain level on this date was rated a 1 to 2 out of 10 at rest and a 3 to 4 out of 10 with repetitive weight bearing activities. On September 01, 2015, the treating physician noted magnetic resonance imaging performed in September 2014 that was revealing for mild Achilles tendinosis with partial longitudinal tearing and intra-substance degeneration. On September 01, 2015 the treating physician requested a left Achilles tendon repair with the treating physician noting that injured worker has interstitial tearing with tendinosis and intra-substance

degeneration as noted on magnetic resonance imaging along with the treating physician noting "this lesion is correctable and has been shown benefit both in the long term and the short term by surgical correction". The treating physician further noted that the injured worker had previous open surgery with resection of the diseased tissue and the requesting surgery will be performed percutaneously "without having to perform it open with a long open incision that takes long to heal". On September 17, 2015, the Utilization Review determined the request for a left ankle Achilles tendon repair to be modified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Achillies tendon repair: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, chapter Ankle and Foot (Acute and Chronic).

MAXIMUS guideline: Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Physical Examination, Diagnostic Criteria, Physical Methods. Decision based on Non-MTUS Citation ACOEM-Tendon disorders of the foot and ankle, part 2: Achilles tendon disorders. Etiology, diagnosis, and treatment of tendonitis: an analysis of the literature.Almekinders LC, Temple JDMed Sci Sports Exerc. 1998 Aug; 30(8):1183-90.Achilles tendinopathy: some aspects of basic science and clinical management. Kader D, Saxena A, Movin T, Maffulli NBr J Sports Med. 2002 Aug; 36(4):239-49.Long-term prognosis of patients with achilles tendinopathy. An observational 8-year follow-up study. Paavola M, Kannus P, Paakkala T, Pasanen M, Järvinen MAm J Sports Med. 2000 Sep-Oct; 28(5):634-42.

Decision rationale: The scientific evidence for most of the conservative and surgical treatments of Achilles tendinosis remains sparse. There are no randomized or prospective studies that compare different conservative and surgical treatment regimens. As per ACOEM Guidelines, "There is no consensus on the optimal treatment of Achilles tendon disorders". ACOEM Guidelines indicate "surgery for acute or sub acute Achilles tendonopathy without rupture is not recommended". The record offers a requested treatment rationalized by an expected outcome. The presented rationale for the surgical correction of an Achilles tendon is critical for a certification of medical necessity. The given record does not include identification of possible etiological factors. The record does not include objective evidence of pathology correlating the injured worker's clinical presentation and the requested procedure. A current MRI is needed in determining the status of the tendon, the degree of inflammation, and whether or not a partial tear is present. The left ankle is described without analysis of clinical findings. An unexplained open wound, at a post operative site, months post procedure, requires understanding, prior to proposed surgery. The right ankle is described as symptomatic, with an unqualified incision site, at a point of lesion. The record is made with ambiguity in documentation. Two symptomatic ankles are presented in the record. As at point of certification, it must be specifically understood which ankle, left or right, is the subject of the requested procedure. A supported rationale for the requested procedure has not been provided. The request for: Achilles tendon repair is not certified as medically necessary.