

Case Number:	CM15-0192943		
Date Assigned:	10/07/2015	Date of Injury:	03/03/2014
Decision Date:	11/18/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/01/2015

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, Oregon, Washington
 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 38 year old male who sustained an industrial injury on March 03, 2014. A primary treating office visit dated June 16, 2015 reported subjective complaint of "continues with pain in both feet." He is working with modified work duty. The following diagnosis was applied to this visit: continuous use trauma to both feet resulting in chronic plantar fasciitis and subtalar joint pain. The worker is noted with baseline severe congenital foot problems which are superimposed on the Achilles tendon and combined with the work he's been doing has led to continuous use trauma. There is noted discussion of possible release of care with future permanent modified work. The patient is noted with request for surgical intervention of lengthening the Achilles with bone grafting and osteotomies and ultimate goal of returning to work without modifications to duty. The request for surgery was made at this time. On September 17, 2015 a request was made for Achilles tendon lengthening, gastrocnemius recession, and Evans osteotomy, and cotton osteotomy that were non-certified by Utilization Review on September 22, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Achilles tendon lengthen: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Surgical Considerations.

Decision rationale: CA MTUS/ACOEM Chapter 14 page 374 discusses surgical indication in the foot and ankle and require activity limitation for more than one month without sign of improvement, failure of exercise program to increase range of motion and strength and the clear imaging evidence of a lesion shown to benefit from surgical treatment. In this case, the MRI from 5/27/14 does not show Achilles tendon pathology, nor does the provided medical records show a fixed equinus contracture. Therefore, the request for Achilles Tendon Lengthen is not medically necessary.

Gastrocnemius recession: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Surgical Considerations.

Decision rationale: CA MTUS/ACOEM Chapter 14 page 374 discusses surgical indication in the foot and ankle and require activity limitation for more than one month without sign of improvement, failure of exercise program to increase range of motion and strength and the clear imaging evidence of a lesion shown to benefit from surgical treatment. In this case, the MRI from 5/27/14 does not show Achilles tendon pathology, nor does the provided medical records demonstrated a fixed equinus contracture. Therefore, the request for Gastrocnemius Recession is not medically necessary.

Evans ostetomy and cotton osteotomy: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ankle and foot / surgery for posterior tibial tendon ruptures & adult acquired flatfoot (pes planus).

Decision rationale: These two osteotomies are calcaneal osteomies used in the treatment of adult acquired flatfoot (pes planus). Per ODG ankle and foot / surgery for posterior tibial tendon ruptures & adult acquired flatfoot (pes planus): "Recommend conservative treatment for at least the first 6-8 weeks before consideration of surgery." Surgery is "recommended as indicated below. In the early stages, posterior tibial tendon dysfunction may be treated with rest, non-steroidal anti-inflammatory drugs such as aspirin or ibuprofen, and immobilization of the foot for 6 to 8 weeks with a rigid below-knee cast or boot to prevent overuse. After the cast is removed, shoe inserts such as a heel wedge or arch support may be helpful. If the condition is advanced, a custom-made ankle-foot orthosis or support may be necessary. If conservative treatments don't work, surgery is necessary." In this case, there is no evidence provided that this patient has been treated with an appropriate course of non-operative treatment in accordance with ODG guidelines. Thus, the request is for not medically necessary.