

<b>Case Number:</b>	CM15-0196752		
<b>Date Assigned:</b>	10/12/2015	<b>Date of Injury:</b>	06/10/2013
<b>Decision Date:</b>	12/22/2015	<b>UR Denial Date:</b>	09/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2015

### 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 59 year old male, who sustained an industrial injury on 6-10-13. The injured worker was diagnosed as having benign neoplasm of short bones of lower limb; other joint derangement not otherwise classified; involving ankle and foot; swelling of limb; tenosynovitis of foot and ankle; chronic tendinopathy; exostosis posterior calcaneus left. Treatment to date has included status post excision of Haglund deformity with reattachment of Achilles tendon (7-31-13); physical therapy; medications. Currently, the PR-2 notes dated 8-10-15 indicated the injured worker was in this office as a referral for evaluation and treatment of her left ankle pain. She is a status post excision of Haglund deformity with reattachment of Achilles tendon on 7-31-13. The provider documents "After surgery, the patient was treated with multiple modalities including anti-inflammatories, physical therapy, stretching exercises and immobilization. She was advised by her treating physician to stop using the cam walker early in 2014 due to muscle atrophy in the left calf. The pain did not improve and at times worsened. The patient was then given a referral for podiatric consultation in this office." The injured worker complains of daily pain, especially when walking, at the posterior heel. He is unable to stand or walk more than 3 hours due to the pain. She has not been able to return to work and is limited in activities of daily living (none specified). The provider documents "X-ray of the left foot today reveals a significant exostosis of the posterior calcaneus in the area of the previous surgery." On physical examination, the provider documents, "There is no gross abnormality or malalignment noted to the left foot or ankle. There is no ecchymosis or edema. There is a cicatrix noted from previous surgery on the posterior left ankle. There is tenderness on palpation

of the Achilles insertion and over the exostosis on the calcaneus left. There is mild tenderness to range of motion in all planes on the left. Gait is minimally antalgic. Range of motion shows full but painful dorsiflexion at the ankle, left. Dorsiflexion is 25 degrees bilateral. Inversion, eversion and plantar flexion are all within normal limits and bilaterally symmetrical. Fibrosis at the surgical site has increased from the last presentation. Neurological examination reveals intact sensorium to the foot and ankle left. Dorsalis Pedis and posterior tibial pulses are equal 2 out of 4 bilaterally. Capillary filling time is 1 second to all digits. No edema of the feet was present." The provider is requesting surgery and associated services. A Request for Authorization is dated 9-30-15. A Utilization Review letter is dated 9-22-15 and non-certification for Repair of achilles tendon, partial excision calcaneus and associated services. A request for authorization has been received for Repair of achilles tendon, partial excision calcaneus and associated services.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Repair of achilles tendon, partial excision calcaneus: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines: Ankle & Foot (Acute & Chronic) - Surgery for Achilles tendon ruptures.

**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: a systematic 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 calcaneal spur. Alternative literature was searched. 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 tendinitis and recommend against removal in the treatment of insertional tendonitis (1). 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 (2). In this case, there is a request for a procedure not supported by medical guidelines. Therefore the request is not medically necessary.

#### **Associated Surgical Services: Biological implantation of adhesion barrier: 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:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

**Associated Surgical Services: 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:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

**Preoperative X-ray of left ankle: 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:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

**Associated Surgical Services: Serial below knee casting: 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:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

**Associated Surgical Services: Cam walker: 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:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

**Post-operative X-ray of left ankle: 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:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.