MAXIMUS Federal Services

Case Number:	CM15-0212909		
Date Assigned:	11/02/2015	Date of Injury:	05/01/2015
Decision Date:	12/15/2015	UR Denial Date:	10/16/2015
Priority:	Standard	Application Received:	10/29/2015

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: Illinois, California, Texas
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:

This injured worker is a 48-year-old female who sustained an industrial injury on 5/1/15. The injured worker reported worsening bilateral heel pain, left greater than right, with new work boots that were issued on 5/1/15. She wore the new boots periodically while performing her work duties as a [redacted] in the field. The 9/24/15 initial orthopedic surgery consult report cited left heel pain at the insertion of the Achilles tendon on the calcaneus. She had pain with prolonged weight bearing, getting out of bed in the morning, and with any sort of squatting or kneeling. She reported very significant swelling after use. She had a lot of pain wearing her work boots. She had been fitted with a cast walker that she was wearing sporadically and did help. She had tried physical therapy which was very painful. A corticosteroid injection into the Achilles tendon insertion was not helpful. She had been off work since 8/24/15. Physical exam documented mild swelling along the left distal Achilles tendon and fairly exquisite tenderness over the Achilles tendon at its insertion on the calcaneus with mild Achilles tenderness more proximally. She had essentially full tibiotalar range of motion. There was no subtalar, posterior tibial tendon or peroneal tenderness. There was no evidence of tarsal tunnel syndrome. There was no evidence of plantar fasciitis or Morton's neuroma. X-rays showed calcification of an osteophyte at the insertion of the calcaneus. Diagnostic ultrasound was performed and showed a large calcification or osteophyte at the insertion of the Achilles tendon at the calcaneus. The Achilles tendon was in good condition with no evidence of tendinosis, peritendinosis, or partial rupture. The diagnosis was chronic insertional Achilles tendonitis, left heel, with bone spur. The treatment plan recommended full time immobilization in her cast walker with gentle range of

motion exercise. Additional corticosteroid injections and physical therapy were not recommended. If the symptoms were unacceptable at any time, definitive treatment would be excision of the osteophyte and repair of the Achilles tendon. The 10/7/15 treating physician report indicated that the injured worker had failed off work for more than a month and medications. The diagnosis was left Achilles contusion from boot and secondary Achilles tendinitis and locking. Surgery was recommended per the orthopedic surgeon. The 10/16/15 left ankle MRI impression documented a sclerotic osteochondral lesion on the medial aspect of the talar dome with overlying thin heterogeneous hyaline cartilage and adjacent full-thickness chondral fissuring along the posterior margin. There was an os trigonum with mild degenerative changes across the synchondrosis. There was mild insertional Achilles tendinosis with a moderate sized retrocalcaneal spur containing mild reactive bone marrow edema. There was scarring of the medial and lateral cords of the plantar fascia with a moderate to large sized plantar calcaneal spur containing subtle stress related edema. There was moderate flexor hallucis longus tenosynovitis. Authorization was requested for excision of the osteophyte and repair of the Achilles tendon. The 10/16/15 utilization review non-certified the request for excision of the osteophyte and repair of the Achilles tendon as the injured worker had not failed conservative treatment as recommended by the orthopedic surgeon.

IMR ISSUES, DECISIONS AND RATIONALES

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

Excision of the osteophyte and repair of the Achilles tendon: Overturned

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 - Treatment in Workers' Compensation, Ankle.

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

Decision rationale: The California MTUS guidelines recommend surgical consideration when there is activity limitation for more than one month without signs of functional improvement, and exercise programs had failed to increase range of motion and strength. Guidelines require clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long-term from surgical repair. Guideline criteria have been met. This injured worker presents with persistent function-limiting left heel pain precluding work duties. Clinical exam findings are consistent with imaging evidence of a calcaneal spur with Achilles tendinosis. Detailed evidence of recent reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Therefore, this request is medically necessary.