

Case Number:	CM15-0080128		
Date Assigned:	05/01/2015	Date of Injury:	06/27/2014
Decision Date:	06/01/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	04/27/2015

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

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 60-year-old female, who sustained an industrial injury on 06/27/2014. According to a progress report dated 01/02/2015, the injured worker was seen in follow-up for evaluation of Achilles tendonitis. Condition was located in the Achilles tendon left. She reported heel pain at the plantar aspect of the left heel. Pain was reduced because she did not work for over two weeks due to diverticulitis and a kidney stone. Diagnoses included Achilles bursitis, Achilles tendonitis and plantar fasciitis. Treatment plan included orthotics. The injured worker deferred treatment with a cortisone injection. On 03/27/2015, the provider requested authorization for repair of a ruptured Achilles tendon, calcaneal osteotomy, excision of soft tissue mass and knee scooter for post-op.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repair Achilles Tendon (Ruptured Achilles Tendon, Calcaneal Osteotomy, and Excision of Soft Tissue Mass): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374-375.

Decision rationale: According to the CA MTUS/ACOEM Guidelines referrals for surgical consultation may be indicated for patients who have activity limitation for more than one month without signs of functional improvement; failure of exercise programs to increase range of motion and strength of the musculature around the ankle and foot; and clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. The guidelines go onto to recommend referral for early repair of ligament tears is controversial and not common practice. Repairs are recommended for chronic instability. In this case, there is insufficient evidence of the exam note from 1/2/15 of significant pathology to warrant surgery. There is lack of documentation of failure of physical therapy or exercise program for the patient's complaints. Therefore, the request is not medically necessary.

Post-Operative Knee Scooter: 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.