

Case Number:	CM15-0088845		
Date Assigned:	05/13/2015	Date of Injury:	04/08/2013
Decision Date:	06/12/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/08/2015

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 49 year old female, who sustained an industrial injury on 4/8/2013. The mechanism of injury is unknown. The injured worker was diagnosed as having Achilles bursitis/tendinitis, limb deformity and Haglund's deformity. Right ankle magnetic resonance imaging showed intact Achilles tendon, plantar fasciitis, mild ligament tear and mild sprain/strain. Treatment to date has included physical therapy, boot and medication management. In a progress note dated 4/21/2015, the injured worker complains of right ankle pain. The treating physician is requesting right ankle gastrocnemius recession.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right ankle gastrocnemius recession: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

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

Decision rationale: CA MTU/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 3/23/15 does not show Achilles tendon pathology; therefore, the request is not medically necessary.