

Case Number:	CM14-0180365		
Date Assigned:	11/05/2014	Date of Injury:	08/08/2001
Decision Date:	12/09/2014	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	10/30/2014

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Minnesota. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 has recurrent right Achilles tendinitis related to an injury date of 8/6/2010. There is also a history of left Achilles tendinitis related to an injury date of 4/18/2003, and right knee and low back issues. Notes dated June 3, Sept 9, Oct 27, and Nov 4, 2014 are submitted. The disputed issue pertains to a request for percutaneous tenotomy of the right Achilles tendon. Radiology reports pertaining to the imaging studies are not submitted. The notes dated September 9, 2014 initially mention the left side and then reference the MRI findings pertaining to the right Achilles tendon with a request for surgery on the right side. The initial reference to a recurrence of symptoms on the left side probably was probably erroneous. The notes dated June 3, 2014 pertain to the right side indicating improvement in the Achilles tendinitis with much less tenderness and good strength. The October 27 note pertains to a discussion with UR reviewer, and the November 4 note mentions the conservative treatment and references articles pertaining to the Tenex procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percutaneous Tenotomy of Right Achilles Tendon Qty: 1.00: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) , Ankle and Foot Chapter.

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 Section, Topic: Surgery for Achilles Tendon.

Decision rationale: California MTUS does not address Achilles tendinitis. The ODG guidelines recommend 6 months of non-surgical therapy for chronic Achilles tenosynovitis. Those that fail this treatment will improve with limited debridement of diseased tissue. The documentation submitted does not include the Radiology reports pertaining to the imaging studies; however, the notes do mention MRI findings of diffuse tendinosis with evidence of partial destruction of the tendon at its proximal medial margin. The records submitted do not include 6 months of conservative treatment; however, the subsequent explanation provided by the treating physician supports such treatment. Based upon the above the request for a right Achilles tendon percutaneous tenotomy with debridement using the Tenex device is supported by guidelines and is medically necessary. The prior UR decision was based upon the lack of documentation pertaining to the conservative treatment. The response from the treating physician is adequate. Therefore the request is medically necessary.