

Case Number:	CM14-0215982		
Date Assigned:	01/06/2015	Date of Injury:	04/30/2013
Decision Date:	03/03/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/23/2014

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. 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: Minnesota, Florida

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 61-year-old male with a date of injury of 4/30/2013. The mechanism of injury was pushing a cart that resulted in sharp pain in both heels, more on the left. He underwent a right heel excision of calcaneal exostosis, excision of retrocalcaneal bursa and Achilles tendon debridement on 7/8/2014. A progress note dated 8/26/2014 indicates that he has some drainage from his wound. He was started on Keflex and has been changing his dressings. Redness and swelling have improved. Pain is decreased. The recommendation was to continue Keflex, continue therapy and progressive weight bearing. On 9/9/2014, it was healing well and there was no erythema. A QME report of 1/17/2014 indicated the diagnosis of Haglund's deformity bilaterally. There was an exostosis of Achilles tendon and possible tears of the Achilles tendon. Gait was painful. Treatment recommendation was to obtain MRIs of both heels and quantify the heels and Achilles tendons bilaterally. Based on MRIs further recommendations could be made. A supplemental report dated 10/14/2014 indicated necessity of Haglund's removal, left foot to be done first and right foot to be done second with concurrent reduction of the bursitis. A request for left ankle surgery (type of surgery unspecified) was noncertified by utilization review. Guideline criteria had not been met. Recent examinations did not document findings for the left ankle either subjectively or objectively. No imaging studies were provided to indicate pathology. No comprehensive nonoperative treatment protocol had been submitted. Therefore, the request was not medically necessary. This is now appealed to an independent medical review. A utilization review of decision dated January 1, 2015 mentions the operative request including left Achilles tendon reconstruction with tendon debridement and

repair, excision retrocalcaneal bursa, excision calcaneal exostosis, medical clearance, and crutches. The medical reports available to the reviewer had established medical necessity for the left ankle surgery. Therefore, the request for left Achilles and calcaneus surgery was approved. Medical clearance had been established for the prior right ankle surgery. Therefore with no change in the patient's health after the 4/8/14 surgery, a repeat medical clearance was not necessary. The medical reports had not established medical necessity for another set of crutches and a rolling walker as they had previously been approved for the 4/8/2014 operative procedure. Therefore, the request was denied. ODG guidelines were used for the surgical request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left ankle surgery (type of surgery unspecified) QTY: 1.00: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374. Decision based on Non-MTUS Citation Section: Ankle and Foot, Topic: Achilles tendon ruptures

Decision rationale: With regard to the left ankle surgery, a subsequent utilization review of January 1, 2015 specifies the type of surgery as Achilles tendon reconstruction with tendon debridement and repair, excision retrocalcaneal bursa, and excision calcaneal exostosis. Additional medical information and rationale have been provided. The surgical procedure has been approved per utilization review dated January 1, 2015. This independent medical review pertains to the prior denial of the same surgery on a prior request at which time the procedure was not specified. The procedure is now approved as medically necessary. This is a chronic rupture with a Haglund's deformity and exostosis. Conservative treatment has not been effective and surgery is medically necessary. Based upon a review of the guidelines and the clinical information provided the procedure as requested is supported and as such, the medical necessity is substantiated.

Preoperative medical clearance QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Section: Low Back, Topic: Pre-operative testing, general, Pre-operative testing, lab, Pre-operative testing, electrocardiography.

Decision rationale: With regard to medical clearance, ODG guidelines indicate a preoperative history and physical examination should be performed to assess comorbidities. Preoperative testing should be guided by the presence of comorbidities. The procedure as described is a low risk outpatient procedure. The documentation provided indicates that right ankle surgery had

been performed and medical clearance had been obtained for the same. No change in the general health status has been documented since that time. Therefore a repeat medical clearance is not supported and as such, the medical necessity of the same is not established.