

Case Number:	CM15-0124630		
Date Assigned:	07/09/2015	Date of Injury:	12/11/2014
Decision Date:	09/17/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	06/29/2015

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: California, Oregon, Washington
 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 44 year old male, who sustained an industrial injury on 12/11/2014. The mechanism of injury is injury from continuously getting on and off his motorcycle as well as ambulating and walking with police gear. The current diagnoses are bilateral retrocalcaneal bursitis, bilateral retrocalcaneal spurs, subtalar varus, and forefoot varus. According to the progress report dated 6/1/2015, the injured worker complains of constant, moderate pain in his posterior heels. The level of pain is not rated. The physical examination reveals a large, tender bony prominence in the bilateral posterior heels, right greater than left. The current medication list is not available for review. Treatment to date has included medication management, ice, x-rays, custom orthotics, and corticosteroid injection. The injured worker is currently working with no restrictions. A request for repair of right Achilles tendon and excision of retrocalcaneal spur, pre-operative history, physical exam, and diagnostic studies (lab work, EKG and chest x-ray), cam walker, and post-operative Ibuprofen and Vicodin has been submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) outpatient repair of Achilles tendon, right and excision retrocalcaneal spur: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Bibliography 1.) Kang S, Thordarson DB, Charlton TP. Insertional Achilles tendinitis and Haglund's deformity. Foot Ankle Int. 2012 Jun; 33 (6): 487-91. 2.) Kearney R, Costa ML. Insertional achilles tendinopathy management: a systematic review. Foot Ankle Int. 2010 Aug; 31 (8): 689-94.

Decision rationale: CA MTUS/ACOEM and ODG are silent on the issue of retrocalcaneal bursectomy and excision of calcaneal spur. Alternative literature was searched. A recent article from Foot and Ankle International examined Haglund's deformity in symptomatic and asymptomatic patients. They determined that a Haglund's deformity was not indicative of insertional Achilles tendinitis and recommend against removal in the treatment of insertional tendonitis: (1) Insertional tendonitis should be treated with nonsurgical management first. Evaluation of operative interventions in the literature has been predominately retrospective and remains a last resort; (2) Based upon the records there is insufficient evidence that sufficient nonsurgical management has been attempted in the records from 6/1/15. There is no evidence that the claimant has been adequately immobilized including casting prior to determination for surgical care. Therefore the request is not medically necessary.

One (1) pre-op history and physical exam with lab work, EKG and chest x-ray: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

One (1) cam walker: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Ibuprofen 800 mg #30: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Vicodin ES 7.5/300 mg: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.