

<b>Case Number:</b>	CM15-0174010		
<b>Date Assigned:</b>	09/15/2015	<b>Date of Injury:</b>	08/22/1994
<b>Decision Date:</b>	10/15/2015	<b>UR Denial Date:</b>	08/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2015

### 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 54 year old male who sustained an industrial injury on August 22, 2015. A podiatry follow up visit dated August 20, 2015 reported subjective complaint of right heel pain. There is noted discussion regarding denial of surgical removal of hanglund's exostosis with recommendation for continued conservative care. The assessment found the worker with: sprain of the Achilles tendon and hypertrophy of bone. The plan of care is recommending a course of physical therapy to see if the calf muscles can be stretched. Treatment to include: activity modification, exercises and stretching, medications and topical rubs. At primary treating follow up dated July 08, 2015 the plan of care noted returning to full duty work until surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Foot Excision of Retro-Calcaneal Exostosis; Secondary Repair of Right Achilles Tendon:** 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 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: asystematic 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 tendoinitis 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 8/20/15. There is no evidence that the claimant has been adequately immobilized including casting prior to determination for surgical care. Therefore, the determination is for non-certification.