

Case Number:	CM15-0175994		
Date Assigned:	09/17/2015	Date of Injury:	02/17/2014
Decision Date:	10/19/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/08/2015

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, 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 52 year old female, who sustained an industrial-work injury on 2-17-14. She reported initial complaints of left ankle pain. The injured worker was diagnosed as having Achilles tendinitis, tendinopathy, and retrocalcaneal bursitis. Treatment to date has included medication, physical therapy, cortisone injection, CAM walker, and diagnostics. MRI results were reported to demonstrate partial tear at the tuberosity of the calcaneus with mild tendinitis, and the configuration of the anterotalofibular and anterior tibiofibular ligaments indicate a probable tear. Currently, the injured worker complains of foot and left heel pain that was rated 3 out of 10 and 7 out of 10 with activity. Per the primary treating physician's progress report (PR-2) on 8-12-15, a CAM walker was worn for the past 6 weeks. There was moderate tenderness with thickening of the Achilles tendon at its insertion and 2 cm proximal to the insertion, stretching caused pain, and tenderness of the left ankle in the left gutter, anterior talo fibular ligament, and calcaneal fibular ligament, no ankle instability or weakness. Current plan of care includes tenectomy and ultrasound guidance. The Request for Authorization date was 8-14-15 and requested service that included Left Ankle Percutaneous Achilles Tenectomy with Ultrasound Guidance. The Utilization Review on 8-26-15 denied the request due to not being medically necessary since surgery is recommended for selected cases of Achilles tendinosis of chronic Achilles tendinopathy without rupture, per CA MTUS (California Medical Treatment Utilization Schedule), Ankle and Foot complaints 2004.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Ankle Percutaneous Achilles Tenectomy with Ultrasound Guidance: Upheld

Claims Administrator guideline: Decision based on MTUS Ankle and Foot Complaints 2004. Decision based on Non-MTUS Citation. Does accelerated functional rehabilitation after surgery improve outcomes in patients with acute achilles tendon rupture. Clin J Sports Med. 2012 Jul; Surgical versus non-surgical treatment of acute achilles tendon rupture. Clin J Sports Med. 2012 Mar.

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: 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 8/12/15. 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.