

DATE OF REVIEW:

07/01/2009

IRO CASE #:**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Achilles tendon repair (CPT 20605, 27691, 27680, 27659, and 36513).

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION

Board Certified Orthopaedic Surgeon

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be: **Upheld**

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

The request for Achilles tendon repair (CPT 20605, 27691, 27680, 27659, and 36513) is not medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- TDI/DIVISION OF WORKERS' COMPENSATION referral form
- 06/17/09 MCMC Referral
- 06/17/09 Notice to Utilization Review Agent of Assignment, , DWC
- 06/17/09 Notice to MCMC, LLC of Case Assignment, , DWC
- 06/16/09 Confirmation of Receipt of a Request For a Review, DWC
- 06/15/09 letter from, M.D., Orthopedics
- 06/10/09 Request For a Review By An Independent Review Organization
- 05/13/09 (Date of Exam) Report of Medical Evaluation, DWC
- 05/13/09 letter from, M.D.
- 08/06/08 to 06/01/09 office notes, M.D.
- 05/01/09 Determination Letter, , Utilization Review Nurse, IMO
- 04/23/09 Fax Cover Sheet with Cover Message from, Medical
- 04/02/09 Determination Letter, Utilization Review Nurse, IMO
- 03/27/09 Fax Cover Sheet with Cover Message from, Medical
- 03/18/09 MRI right ankle, Diagnostic Imaging
- 10/16/08 Form TWCCPLN11 Printed
- 10/12/08 letter from, M.D.
- Note: Carrier did not supply ODG Guidelines.

PATIENT CLINICAL HISTORY [SUMMARY]:

The injured individual is a male who was reported to have sustained a work-related injury on xx-xx-xx. The described mechanism of injury was stepping off a bus when he felt a sharp pain in the posterior aspect of his ankle. Significant co-morbidities include depression, hypertension, cardiac problems, morbid obesity (5'10"-340 lbs.) and diabetes mellitus. He was initially seen in an Emergency Room (ER) and treated for an ankle sprain. He eventually was evaluated by M.D. and initially treated conservatively. Dr. ordered an MRI because of the injured individual's continuing complaints. The MRI was reported to show an almost complete Achilles tendon rupture. Dr. then performed an Achilles tendon repair on 07/24/2008. The injured individual was then seen in the office on a regular postoperative basis. Dr. noted in his notes of 08/06/2008 and 08/29/2008 that the injured individual was being noncompliant with his weight-bearing status and was prematurely subjecting the extremity to weight. He also reported in several of his notes small stitch abscesses which subsequently healed. The injured individual has continued to complain of posterior heel pain despite the surgical procedure and extensive rehabilitation. Repeat MRI on 03/14/2009 revealed post-surgical changes and a suggestion of a partial tear, but this could also be consistent with postsurgical changes as noted by Dr.. There was no complete Achilles tear noted but findings consistent with tendinosis. Physical examination reported an intact tendon, a negative Thompson test and excellent strength. M.D. placed the patient at maximum medical improvement (MMI) with a 3% whole person impairment rating on 05/13/2009 during a Designated Doctor Examination. Dr. has submitted a request for the additional surgical procedures as noted above.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.

The Official Disability Guidelines does not specifically address repeat surgical procedures for Achilles tendon disorders.

Achilles tendon ruptures (treatment) Recommended as indicated below. Open operative treatment of acute Achilles tendon ruptures significantly reduces the risk of rerupture compared to non-operative treatment, but produces a significantly higher risk of other complications, including wound infection. The latter may be reduced by performing surgery percutaneously. Post-operative splintage in a functional brace appears to reduce hospital stay, time off work and sports, and may lower the overall complication rate. (Khan-Cochrane, 2004) Six months of nonsurgical therapy is appropriate for middle-aged patients or athletes with chronic Achilles tenosynovitis. Those that fail this treatment will improve with a limited debridement of diseased tissue without excessive soft tissue dissection of the tendon. Those patients who respond to nonoperative therapy tend to be younger than those who have degenerative tendon changes requiring surgery. (Johnston, 1997) Open operative treatment of acute Achilles tendon ruptures significantly reduces the risk of rerupture compared with nonoperative treatment, but operative treatment is associated with a significantly higher risk of other complications. Operative risks may be reduced by performing surgery percutaneously. Postoperative splinting with use of a functional brace reduces the overall complication rate. (Khan, 2005) Comparisons of surgically and nonsurgically treated Achilles tendon ruptures have demonstrated that those treated with surgery allow earlier motion and tend to show superior results. However, early motion enhances tendon healing with or without surgery and may be the important factor in optimizing outcomes in patients with Achilles tendon rupture. This randomized controlled trial (RCT) supports early motion (progressing to full weightbearing at 8 weeks from treatment) as an acceptable form of rehabilitation in both surgically and nonsurgically treated patients with comparable functional results and a low rerupture rate. (Twaddle, 2007) Acute Achilles tendons ruptures may be managed either operatively

or non-operatively. However, generally 6 weeks following a rupture a direct repair opposing the tendon ends becomes increasingly difficult. Over time, scar tissue forms, the muscles atrophy with disuse, and the tendon ends weaken. Chronic and neglected Achilles tendon ruptures are debilitating: their optimal management is surgical. (Carmont, 2007)

The injured individual does not have a complete rerupture and his physical examination as objectively documented is benign. Dr. has reported normal strength, an intact tendon and excellent motion. The major complaint is subjective pain. Both the Medical Disability Advisor and Official Disability Guidelines (ODG) recommend investigation of nonphysical factors (psychosocial, workplace, socioeconomic) in cases of delayed recovery or return to work. Nonphysical factors would appear to be a major impediment to his functional restoration. The injured individual's morbid obesity, overall level of conditioning and diabetes all negatively impact his condition.

Diabetes comorbidity-Regarding sprains and strains, patients with diabetes may have decreased range of motion and increased stiffness. ([Rao, 2006](#)). Prior reviews denied the requested procedures due in part to the injured individual's significant medical co-morbidities which place him at significant risk of healing difficulties. The injured individual has also not been completely compliant with the treatment plan as noted regarding his weight-bearing status. He also has some issues with stitch abscesses which appeared to have subsequently healed. The requested procedures are not supported by the injured individual's objectively documented physical findings.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:
ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES