

## Notice of Independent Review Decision

### **DATE OF REVIEW:**

08/16/2010

### **IRO CASE #:**

### **DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

21656 Repair of Achilles Tendon left Ankle and 29515 Posterior Splint Left Ankle.

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

Board Certified Preventive and Occupational Medicine Physician

### **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 requested 21656 (Repair of Achilles Tendon Left Ankle) and 29515 (Posterior Splint Left Ankle) is not medically necessary.**

### **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

- TDI/DIVISION OF WORKERS' COMPENSATION referral form
- 08/06/10 letter from, IRO Coordinator,
- 08/06/10 Independent Review Organization Summary,
- 08/05/10 MCMC Referral
- 08/05/10 Notice Of Assignment Of Independent Review Organization, , DWC
- 08/05/10 Notice To MCMC, LLC Of Case Assignment, , DWC
- 08/04/10 Confirmation of Receipt of a Request For a Review, DWC
- 07/29/10 Request For A Review By An Independent Review Organization
- 07/19/10 Prospective/Reconsideration review letter
- 07/15/10 report from, M.D.
- 07/12/10 Return to Work Activity Prescription – Temporary Alternate Duty Available,
- 07/07/10 Prospective/Initial review letter
- 07/02/10 Request for Authorization, , D.P.M.
- 06/25/10 MRI left ankle, Health Care System
- 06/11/10 Bona Fide Job Offer – Temporary Alternative Duty
- 06/10/10 Bona Fide Job Offer – Temporary Alternative Duty
- 06/10/10, 07/01/10 Work Status Reports, , D.P.M., DWC
- 06/10/10, 06/17/10, 07/01/10 office notes, , D.P.M.,
- 05/15/10 Employers First Report of Injury or Illness
- 05/15/10 Associate Statement – Workers Compensation

- 05/15/10 Associate/Partner Accident Review Form
- 05/15/10, 05/18/10 Work Status Reports, DWC
- 05/15/10, 05/18/10 Encounter Notes,
- Note: Carrier did not supply ODG Guidelines.

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The injured individual, a male, is being treated for an injury to his left ankle that occurred on xx/xx/xx. MRI revealed a chronic Achilles tendon tear and no acute pathology was identified. He described being injured when a shopping cart (front cart of 10-15 carts) ran into the back of his left heel. He was originally diagnosed with Achilles tendonitis. He stated on xx/xx/xxxx that he had been hit in his ankles before but would walk it off. He saw Dr. that day and he had been diagnosed with a sprain and was using an Aircast that helped some. He had tenderness of the posterior ankle (Achilles) with no depressions, active range of motion (ROM) with full flexion and extension. He could squat fully and had a normal gait. He was diagnosed with Achilles tendinitis. On 05/18/2010, he reported improvement and he had a little bit of discomfort and intensification at the end of the day if he stood and walked a lot. He was doing home exercise program (HEP) and using minimal ice. Physical exam was essentially unchanged. He saw Dr., a podiatrist, on 06/10/2010 and he complained of pain with weightbearing. He denied any self-treatment or other trauma to the area. He had no focal erythema to the area, no ecchymosis, focal non-pitting edema to the Achilles insertion, and intact neurologic exam. He had tenderness and negative Thompson's test with normal plantar flexor power. He had pain with plantar flexion. Assessment: Achilles tendinopathy; tenosynovitis. The MRI was ordered. He was given a fracture boot. The note dated 06/17/2010 states the MRI was denied. He was compliant with the fracture boot and Unna boot. His pain had not improved. The edema was resolving but he still had tenderness. He had a negative Thompson's test. The MRI was ordered again and was done on 06/25/2010. It showed a chronic type 1 tear/injury of the Achilles tendon with no evidence of acute injury. There was moderate posterior subtalar osteoarthritis (OA) most prominent laterally, and mild OA at the midfoot most prominent at the first tarsal metatarsal (TMT) joint.

On 07/01/2010, Dr. saw him again and recommended surgery. He stated that the findings would appear to be chronic. Dr. reviewed the records and on 07/15/2010, he recommended continued conservative treatment, including six to seven weeks of casting followed by use of a fracture walker with possible heel elevation for two to three more weeks and further heel elevation for two to four more months.

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

The history and documentation submitted do not objectively support the request for surgical repair of the Achilles tendon or use of a posterior splint at this time. There is no evidence that the injured individual has completed all reasonable conservative treatment or that continued conservative treatment is not likely to heal the injury. It is questionable whether or not the abnormality noted on the MRI requires open repair. There is no current information, including his treatment course since the MRI was done, submitted for review in support of this request. A posterior splint is nonweightbearing and is not likely to be sufficient to encourage healing. The medical necessity of surgery and the splint has not been demonstrated.

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

Official Disability Guidelines, Ankle and Foot: "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.... Comparisons of surgically and nonsurgically treated ruptures have demonstrated that those treated with surgery allow earlier motion and tend to show superior results but 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 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. Acute Achilles tendons ruptures may be managed either operatively or non-operatively. 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. "