



MEDICAL

OF T E X A S ASO, L.L.C.

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- MRI of the right ankle from Imaging dated 03/23/2012.
- A followup note by MD dated 03/27/2012.
- A notification of adverse determination dated 04/03/2012 from Workers' Comp Services by MD
- A notification of adverse determination dated 04/12/2012 from Workers' Comp Services by MD
- Request for a review for the denied service of "right Achilles tendon repair tenolysis, FHL transfer" dated 04/12/2012.

PATIENT CLINICAL HISTORY [SUMMARY]:

This is a gentleman who sustained work-related injury to his right foot/ankle on . He was seen by Dr. M.D. who recommended MRI of the right foot which was done on 06/16/2011. He was treated with physical therapy which did not help. He then followed up with Dr. on 09/02/2011 who recommended surgery and he underwent right Achilles debridement/repair, calcaneal exostectomy, peroneus brevis longus tenosynovectomy and repair of peroneus brevis tendon. He was then seen again by Dr who recommended physical therapy and placed in compressive dressing with boot using a heel wedge and released on sedentary work. Postoperatively, he continued to complain of pain in his right foot and ankle and Dr. recommended some home therapy program, prescribed Voltaren as needed and asked to followup in 3 months. He was seen by Dr. on 03/13/2012 and recommended second MRI. An MRI of right ankle was done on 03/23/2012. Dr. reviewed the MRI and recommended further surgical treatment with Achilles exploration and debridement/repair with an FHL transfer, which was denied by insurance carrier.

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

Based on the records reviewed, the injured employee has not had exhaustive conservative treatment for the approval of the requested surgery. It is well known that the insertional Achilles tendon tears and other abnormalities do not respond well to surgical care.

ODG INDICATIONS FOR 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 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) In this study, patients with acute Achilles tendon rupture who underwent mobilization and rehabilitation within 72 hours of their injury reported outcomes similar to those in patients treated with surgery. The surgical patients had better function in one test, the heel-rise test, but otherwise outcomes were the same. (Helander, 2010) This systematic review covered evidence for interventions specific to insertional Achilles tendinopathy (damage where the tendon attaches to the heel bone), and concluded that the sub-group of patients with insertional Achilles tendinopathy is even more difficult to manage. Conservative methods should be used before operative interventions, favoring eccentric loading, while evaluation of operative interventions has been mostly retrospective and remains inconclusive. (Kearney, 2010)

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:



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- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- INTERQUAL CRITERIA
- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TEXAS TACADA GUIDELINES
- TMF SCREENING CRITERIA MANUAL
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)