

Case Number:	CM13-0032254		
Date Assigned:	12/11/2013	Date of Injury:	05/02/2013
Decision Date:	02/25/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	10/07/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Podiatric Surgery and is licensed to practice in New York. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the enclosed information this patient visited their podiatrist for evaluation of pain to the left great toe joint on 5-2-2013. The pain has been present for at least 6 months. The pain has remained even though the patient has used shoe inserts and change in shoe gear. The patient also feels that their job duties have exacerbated their condition, and is not able to perform job related duties well because of the pain. Physical exam reveals hallux valgus and prominence at the 1st MPJ left, restricted ROM to the left 1st MPJ without crepitus. Gait is noted to be antalgic with a decreased toe off left side. Compensated Pes Planus noted BL with discomfort to the left side with exam and ROM. The radiographic examination noted in the progress note advises of "hallux valgus with metatarsus primus varus of the left foot." No other abnormalities noted. The diagnosis made is symptomatic hallux valgus and bunion of the left foot. It is noted again that the patient has tried changing shoes and utilizing orthotics, but continues to report considerable symptoms with job related duties. A left bunionectomy with metatarsal osteotomy and internal fixation was recommended

IMR ISSUES, DECISIONS AND RATIONALES

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

1 corrective bunionectomy with metatarsal osteotomy, internal fixation of the left foot:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374-375. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374-375. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: Chapter 14 of the MTUS guidelines states that, "Referral for surgical consultation may be indicated for patients who have activity limitation for more than one month without signs of functional improvement, failure of exercise programs to increase range of motion and strength of the musculature around the ankle and foot, clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair, failure of conservative treatment (e.g., using wider shoes and/or arch supports, or aspiration of an overlying bursa) may lead to consideration of surgery." Medical records provided for review indicates that the patient has had pain to the left bunion for about 6 months, and had attempted conservative care including shoe gear changes and orthotics. However, the MTUS guidelines state that a bunionectomy can only be recommended if the radiographs are positive for an intermetatarsal angle greater than 14 degrees. The medical records provided for review indicate that the criteria has not been met, as the x ray interpretation does not mention an intermetatarsal angle value. The request for a corrective bunionectomy w/metatarsal osteotomy, internal fixation of the left foot, is not medically necessary and appropriate.