

Case Number:	CM13-0032462		
Date Assigned:	12/11/2013	Date of Injury:	08/26/2011
Decision Date:	02/20/2014	UR Denial Date:	09/30/2013
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 Orthopedic Surgery, and is licensed to practice in California. 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:

The claimant is a 52 year old female with a diagnosis of plantar fasciitis. An exam note from 9/19/13 demonstrates a report of prior surgery on 6/24/13 with left 1st metatarsophalangeal (MTP) joint debridement with debridement of osteochondral defect in base of proximal phalanx of left hallux. Exam note with mild limited range of motion left foot. Exam note 9/18/13 demonstrates painful dorsiflexion/plantarflexion. The current request is for MTP fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left metatarsophalangeal joint fusion surgery: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines and Mann RA, Chou LB. Surgical management for intractable metatarsalgia. Foot Ankle Int 1995 Jun;16(6):322-7.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation McNeil DS, Baumhauer JF, Glazebrook MA. Evidence-based analysis of the efficacy for operative treatment of hallux rigidus. Foot Ankle Int. 2013 Jan; 34(1):15-32, and Roukis TS. The need for surgical revision after isolated cheilectomy for hallux rigidus: a systemat

Decision rationale: The MTUS/ACOEM and Official Disability Guidelines are silent on the issue of arthrodesis for hallux rigidus. According to peer reviewed literature, there is fair evidence in support of arthrodesis for treatment of hallux rigidus. Nonsurgical management must be exhausted with demonstration of functional deficit to warrant arthrodesis. In this case there is insufficient evidence to support an arthrodesis immediately following chielectomy. Therefore the request for left metatarsophalangeal joint fusion surgery is not medically necessary and appropriate.