

<b>Case Number:</b>	CM13-0035122		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	02/16/2012
<b>Decision Date:</b>	11/03/2014	<b>UR Denial Date:</b>	10/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation 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 expert 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:

This is a 28 year-old male with a 2/16/12 date of injury. Mechanism of injury was crush injury trauma causing open fractures of the 4th and 5th toes requiring surgical intervention. On 2/16/12, the patient had irrigation, debridement and pinning of these toes. Subsequently, the pins were removed; however, the patient continued to experience pain since that time. The patient was most recently seen on 6/3/13, with complaints of persistent right foot pain, especially with application of any pressure to the affected area. Exam findings revealed marked tenderness over the 4th and 5th toes at approximate level of the PIP joint. There is mild pain at the level of the MP joints, and mild decreased sensation of toes, but grossly intact. The patient's diagnoses included status post right 4th and 5th toe fracture with symptomatic malunion and nonunion. The medications included Tramadol. Significant Diagnostic Tests: X-rays dated 6/3/13 revealed a malunion and nonunion of the 4th proximal phalangeal fracture with 100% overlap and 5th PIP misalignment, right 5th toe. Treatment to date: surgery, medications An adverse determination was received on 10/3/13. While CA MTUS guidelines do not specifically address this issue, ODG guidelines state that surgery is recommended if there is a fracture in the joints of the midfoot or abnormal positioning of the joints. In this particular case, while there is persistent pain, imaging studies as of 6/3/13 does indicate that healing was occurring. Furthermore, the most recent exam notes did not include a comprehensive foot exam.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PIP ARTHROPLASTY AND PINNING 4TH AND 5TH TOE RIGHT FOOT:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle and Foot chapter, Lisfranc injury (surgery)

**Decision rationale:** CA MTUS guidelines do not specifically address this issue. ODG, Ankle and Foot Chapter (Lisfranc injury/surgery) guidelines state that surgery is recommended if there is a fracture in the joints of the midfoot or abnormal positioning of the joints. This patient presented with persistent right foot pain, 2-1/2 years post crush injury with surgical pinning of the 4th and 5th toes, and later pin removal. Physical examination revealed local tenderness over the fracture sites. Imaging studies on 6/3/13 indicated persistent fractures, with evidence of nonunion and malunion; however, ODG guidelines do not recommend arthroplasty with pinning for the type of fracture described in the medical reports. Therefore, the request for PIP Arthroplasty and Pinning 4th and 5th Toe Right Foot is not medically necessary.