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| <b>Case Number:</b>   | CM13-0039618 |                              |            |
| <b>Date Assigned:</b> | 12/20/2013   | <b>Date of Injury:</b>       | 06/02/2008 |
| <b>Decision Date:</b> | 03/05/2014   | <b>UR Denial Date:</b>       | 09/26/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 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 patient is a 66-year-old who was injured in a work related accident on 06/02/08. Recent clinical records of 09/18/13 indicated the claimant had failed conservative care in regard to right foot complaints and continued to complain of pain in the medial and dorsal aspect of the right hallux. Physical examination performed on that date by [REDACTED] noted continued complaints of pain about the toes with tenderness over the first toe IP joint with crepitation and pain with flexion. Imaging reviewed on that date of the digits showed the right foot to be within normal limits, other than dorsal osteophytes. It was not noted where the osteophytes were located. The claimant was noted to be status post open reduction, internal fixation of a calcaneal and pilon fracture. At last assessment, surgical intervention was recommended in the form of an arthroscopy of the first MP joint and removal of chronic exostosis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Arthroscopic Debridement of the 1st right Metatarsal Phalangeal Joint, 1st met Head Dorsal Lateral Exostosis:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013 Updates: ankle procedure - Surgery for hallux valgus Recommended. Surgical osteotomy appears to be an effective treatment for painful hallux valgu

**Decision rationale:** Chronic Pain Medical Treatment Guidelines are silent. When looking at Official Disability Guidelines criteria, surgical arthroscopy and surgical removal of exostosis, i.e. osteotomy, would not be indicated. ODG Guideline criteria would not indicate the role of surgical arthroscopy for the claimant's current diagnosis in question. Furthermore, there is lack of clear documentation of clinical imaging supportive of a surgical process to the claimant's first Metatarsal Phalangeal joint based on the recent clinical assessment that indicated "normal x-rays" with osteophytes at a non described location. The surgical process itself that would include an arthroscopy would not be indicated as necessary.

**Extracorporeal Shockwave Therapy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370.

**Decision rationale:** Based on California ACOEM Guidelines, ESWT treatment, i.e. shock wave therapy, would also not be indicated. The ACOEM guidelines indicate that there is limited clinical evidence to support the role of shock wave therapy in the ankle or foot setting. There is no documentation to support that this claimant would be an exception to the above role. This specific clinical request would not be indicated as necessary.

**Consultation Orthopedic Surgeon:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 127.

**Decision rationale:** Based on California ACOEM Guidelines, surgical consultation with an orthopedic provider would also not be indicated. The claimant is currently under the care of [REDACTED]. [REDACTED] The clinical diagnosis and course of care appears to be well established. The role of a referral for orthopedic assessment based on the claimant's current clinical information is not medically necessary.