

Case Number:	CM13-0040473		
Date Assigned:	12/20/2013	Date of Injury:	01/12/2006
Decision Date:	03/05/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/09/2013

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 68-year-old female who was injured in a work related accident on 01/12/06. The most recent clinical assessment on 11/22/13 by [REDACTED], documented that the claimant had continued complaints of multiple orthopedic injuries, including the claimant's right foot. It was documented that the claimant was status post right second and third MTP joint release as well as a right great toe proximal osteotomy and a third toe flexor tenotomy. It was noted that she had compensatory right great toe pain status post ciliectomy with hallux rigidus. [REDACTED] noted that the claimant was under the care of [REDACTED], a foot specialist and that a surgical process by [REDACTED] was recommended. Previous assessment by [REDACTED] on 09/19/13 documented physical examination with tenderness and poor padding over the medial sesamoid, the second toe was in a flexed position with hyperextension deformity of the third DIP, and diminished active flexion to the fourth PIP and DIP joints. Radiographs revealed a prior stable hallux MP fusion with an obvious lesser toe deformity. The plan at that time was for surgical process to include a medial sesamoidectomy, second EDL tenodesis, a third DIP fusion, a fourth FDL tenotomy and a fifth MT osteotomy procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

(R) Medial Sesamoidectomy: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374.

Decision rationale: The role of medial sesamoidectomy is not supported. Based on California ACOEM 2004 Guidelines, the surgery to the foot and ankle is indicated if there is "clear clinical image evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair." The claimant's current clinical picture does not support clinical imaging demonstrating the acute need for medial sesamoidectomy. The specific request for this surgical process would not be indicated. This is in addition to the other current request in this case in the form of the second through fifth digit, for which surgical processes and procedures are also being recommended.

Second (2nd) EDL Tenodesis: 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)-- Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013 Updates: ankle procedure.

Decision rationale: Based on the Official Disability Guidelines criteria, as the CA MTUS ACOEM Guidelines are silent, the surgical process to the digits would not be indicated. The claimant's current clinical physical examination and imaging fails to demonstrate the specific need or indication for any of the surgical processes being requested in this case.

Third (3rd) DIP fusion: 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)-- Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013 Updates: ankle procedure.

Decision rationale: Based on the Official Disability Guidelines criteria, as the CA MTUS ACOEM Guidelines are silent, the surgical process to the digits would not be indicated. The claimant's current clinical physical examination and imaging fails to demonstrate the specific need or indication for any of the surgical processes being requested in this case.

Fourth (4th) FDL Tenotomy: 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)-- Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013 Updates: ankle procedure.

Decision rationale: Based on the Official Disability Guidelines criteria, as the CA MTUS ACOEM Guidelines are silent, the surgical process to the digits would not be indicated. The claimant's current clinical physical examination and imaging fails to demonstrate the specific need or indication for any of the surgical processes being requested in this case.

Fifth (5th) MT Osteotomy: 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)-- Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013 Updates: ankle procedure.

Decision rationale: Based on the Official Disability Guidelines criteria, as the CA MTUS ACOEM Guidelines are silent, the surgical process to the digits would not be indicated. The claimant's current clinical physical examination and imaging fails to demonstrate the specific need or indication for any of the surgical processes being requested in this case.

**Pre-Operative Medical Clearance with Internal Medicine-
H&P,CBC,CMP,UA,Electrocardiogram (EKG):** 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)-- Official Disability Guidelines Treatment in Worker's Comp , 18th Edition, 2013 Updates: low back procedure.

Decision rationale: Based on California ACOEM Guidelines and supported by Official Disability Guidelines criteria, the preoperative testing to include laboratory assessment, electrocardiogram, and preoperative medical clearance would not be indicated. The role of surgical intervention has not been supported in this case, thus, negating the need for any preoperative assessment.