

Case Number:	CM13-0042900		
Date Assigned:	12/27/2013	Date of Injury:	12/03/2007
Decision Date:	02/28/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	10/21/2013

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:

Original date of injury is 12-3-2007. The patient slipped and traumatized her right foot and great toe joint. A diagnosis of hallux limitus right side was made. On 7-30-08, 2-27-2009, and 10-12-2012 pt underwent surgical procedures to correct her right 1st MPJ pain as well as other foot pathology. She was also treated with orthotics. On 5-22-3013 the pt presented to her podiatrist with achy pain to the right big toe joint. She states that she is unable to wear the orthotics because they are bulky and uncomfortable. The physical exam that day demonstrates a painful right 1st MPJ ROM with decreased hallux dorsiflexion and plantarflexion. The progress note states that "x rays were examined" and the right foot 1st MPJ shows evidence of erosion and joint space narrowing. There is evidence of arthritic changes with asymmetrical joint space narrowing. A diagnosis of hallux limitus and osteoarthritis was made and surgical arthrodesis of the 1st MPJ was discussed. On 9-11-2013, with pt still complaining of continued pain to the right foot and 1st MPJ area, a request for arthrodesis of 1st MPJ right side was again made.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthrodesis great toe, metatarsophalangeal joint setting, outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

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

Decision rationale: After careful review of the enclosed information and the coverage criteria for surgical considerations in people with work place injury (MTUS guidelines) , it is my feeling that the requested arthrodesis of the right 1st MPJ is reasonable and medically necessary. The progress notes advise of an X ray evaluation of the right 1st MPJ area which reveals evidence of erosion and joint space narrowing the 1st MPJ. There is evidence of arthritic changes with asymmetrical joint space narrowing to the 1st MPJ. The pt states that she has pain to the 1st MPJ, and it has not responded to conservative care including orthotics. The MTUS guidelines state that a 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. I feel that this patient meets the above coverage criteria.