

<b>Case Number:</b>	CM13-0045237		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	05/09/2011
<b>Decision Date:</b>	03/11/2014	<b>UR Denial Date:</b>	10/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### 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 53 year old female who sustained an injury to the lower extremities on May 9, 2011. The recent clinical assessment on October 21, 2013 by [REDACTED] documented the claimant's current diagnosis was status post first MTP joint replacement with hammer toe deformity of the first metatarsal status post a left hallux rigidus to the left foot "resolved." The subjective complaints were hammer toe deformity and metatarsalgia of the bilateral feet. It was documented by [REDACTED] that the claimant had pain with walking and showed poor weight bearing status. Examination showed continued bilateral hammer toe contracture of the second toes. The recommendation at that time was for a hammer toe correction to be performed bilaterally to the second digits with postoperative use of physical therapy and DVT pneumatic compression wraps.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hammertoe correction of 2nd toe bilaterally:** Upheld

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

**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 and foot chapter; Procedure - Surgery for hammer toe syndrome.

**Decision rationale:** The MTUS ACOEM Guidelines are silent. When looking at the Official Disability Guidelines hammer toe correction would not be indicated. The clinical records for review demonstrate a working diagnosis of "hammer toe" but there is no documentation of conservative measures that have been utilized to the second digit bilaterally status post the claimant's prior documented first toe procedures. The Official Disability criteria indicates that the role of nonsurgical treatment to include padding, orthopedic devices, shoe insole modification, debridement of hyperkeratotic lesions, corticosteroid injections, taping or foot wear modification should take place prior to proceeding with operative care. The absence of documentation of conservative treatment fails to necessitate the operative procedure in question. Since the primary procedure is not medically necessary, none of the associated services are medically necessary.