

Case Number:	CM13-0046565		
Date Assigned:	12/27/2013	Date of Injury:	01/24/2013
Decision Date:	03/17/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	10/31/2013

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:

According to the enclosed information this patient suffered a right foot injury on 1-24-2013. A large wheel rolled over his foot. On 1-28-2013 he was initially evaluated and noted to have complete avulsion of the right hallux toenail with a granulating wound. The patient admits to two prior hallux fractures. The patient was placed on restricted work and RICE (Rest, Ice, Compression and Elevation). On 3-4-13 he was seen again for continued hallux pain. The toe wound has apparently healed, uninflamed. On 3-27-2013 he was noted to have resolution of paronychia, with regrowth of toenail. The patient was released to work. On 7-1-2013, x ray reveals no fracture of abnormality to the right hallux. He was prescribed PT (physical therapy) to the right hallux. On 10-21-2013 he was evaluated by a podiatrist and noted to have pain to the right hallux localized to the IPJ (interphalangeal joint). He also related numbness to the right hallux. The progress note from that day advises of negative x ray findings, antalgic gait, crepitation to the IPJ right hallux, tenderness and incurvation of the lateral hallux toenail, and 5/5 tendon strength to the EHL (Extensor hallucis longus) and FDL (flexor digitorum longus) tendons. The diagnosis made that day is contusion to the right hallux with resulting arthritis and ingrown toenail. The podiatrist recommended an MRI (magnetic resonance imaging) to evaluate for edema of the hallux, a cortisone injection to the right hallux IPJ, and total nail avulsion to the right hallux toenail.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the right hallux: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

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

Decision rationale: The MTUS/ACOEM guidelines states that disorders of soft tissue (such as tendinitis, metatarsalgia, fasciitis, and neuroma) yield negative radiographs and do not warrant other studies, e.g., magnetic resonance imaging (MRI). Magnetic resonance imaging may be helpful to clarify a diagnosis such as osteochondritis dissecans in cases of delayed recovery. Since the guidelines do not warrant the study, the request is not certified.

Total nail avulsion to the right hallux: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot (Acute & chronic), Ingrown Toenail surgery.

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

Decision rationale: The MTUS guidelines states that earlier, emergency consultation is reserved for patients who may require drainage of acute effusions or hematomas. Drainage of an ingrown toenail is considered drainage of an effusion. However, there are no objective findings noted in the latest progress note to reveal an ingrowing toenail. There is no description of edema or erythema to the right hallux lateral nail border. Finally, the guidelines do not recommend total nail avulsion for ingrowing toenail. As such, the request is not certified.

Cortisone injection interphalangeal joint of the right hallux: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Initial care, online edition

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371.

Decision rationale: The MTUS guidelines states that invasive techniques (e.g., needle acupuncture and injection procedures) have no proven value, with the exception of corticosteroid injection into the affected web space in patients with Morton's neuroma or into the affected area in patients with plantar fasciitis or heel spur if four to six weeks of conservative therapy is ineffective. The podiatrist anticipates injection of steroid to the IPJ (interphalangeal joint) of the hallux, not either anatomical area mentioned above. Since the guidelines do not support the procedure, the request is not certified.