

<b>Case Number:</b>	CM13-0051510		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	06/08/2011
<b>Decision Date:</b>	03/12/2014	<b>UR Denial Date:</b>	10/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2013

### 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 67-year-old female who reported an injury on 06/08/2011. The mechanism of injury was stated to be that the patient stepped in a hole between the sidewalk and the grass and sustained a twisting injury to her right foot and fell to the ground. The patient was noted to undergo two surgical procedures to her foot, with the most recent being in 2012. The diagnosis was noted to be severe osteoarthritis of the 1st and 2nd metatarsophalangeal joints of the right foot, right foot osteoarthritis of the navicular cuneiform joint, pseudoarthrosis of the right 1st metatarsophalangeal joint, painful hardware retained in the right foot and lower back pain partially secondary to abnormal gait due to foot pain. The request was made for a Keller bunionectomy with a total implant arthroplasty, a right partial 2nd metatarsophalangeal joint resection with web space advancement and hardware removal of the 1st metatarsophalangeal joint.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Keller bunionectomy with total implant arthroplasty:** 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)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - [http://www.wheelsonline.com/ortho/keller\\_procedure](http://www.wheelsonline.com/ortho/keller_procedure).

**Decision rationale:** Per wheelsonline.com, an indication for a Keller bunionectomy is for the patient with advanced hallux valgus or hallux rigidus deformity with significant arthrosis and who does not place a great deal of functional demand on the foot. The patient was noted to undergo surgery for a right hallux valgus with bunionectomy deformity, 2nd metatarsalgia, 2nd metatarsal neuroma and 2nd toe hammertoe deformity of the right foot. The patient additionally was noted to be status post a right 1st metatarsal cuneiform joint arthrodesis, bunionectomy, 2nd intermetatarsal nerve decompression and metatarsal shortening osteotomy and right 2nd toe hammertoe repair on 04/16/2012. The patient was noted to have been treated with physical therapy. The patient was noted to walk with a limp. The patient was noted to complain of progressive pain in her forefoot. The patient's physical examination revealed decreased range of motion of the right 1st and 2nd MTP joints. The range of motion of the right 1st MTP and 2nd MTP joints was less than 20 degrees. There was noted to be pain with palpation of the right navicular cuneiform joint and over the screw heads and the 1st met cuneiform joint where she had previous surgery. The patient was noted to have x-rays that revealed severe asymmetric joint space narrowing of the 1st and 2nd MTP joints with cystic changes in the base of the 2nd toe proximal phalanx and head of the 1st metatarsal head. There was noted to be pseudoarthrosis of the 1st met cuneiform joint with a partial union. There was noted to be osteoarthritis of the right navicular cuneiform joint. The clinical documentation submitted for review indicated that the patient had severe osteoarthritis of the 1st and 2nd metatarsophalangeal joints. It failed to indicate that the patient advanced hallux valgus or hallux rigidus deformity with significant arthrosis and who does not place a great deal of functional demand on the foot. There was an indication that the patient had physical therapy, however, there was a lack of documentation of the dates of service, efficacy and duration of the physical therapy. Additionally the request from the physician included hardware implant removal, secondary guidelines were sought. The Official Disability Guidelines indicate that hardware implant removal is not recommended, except in the case of persistent pain and after ruling out other causes of pain, such as infection or nonunion. The clinical documentation submitted for review indicated that the patient had a partial union of the 1st met cuneiform joint on the right foot. The request as submitted was for a Keller bunionectomy with total implant arthroplasty without indication of laterality. Given the above, the request for a Keller bunionectomy with total implant arthroplasty is not medically necessary.