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| <b>Case Number:</b>   | CM13-0053087 |                              |            |
| <b>Date Assigned:</b> | 12/30/2013   | <b>Date of Injury:</b>       | 10/20/2003 |
| <b>Decision Date:</b> | 05/20/2014   | <b>UR Denial Date:</b>       | 10/31/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/18/2013 |

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery, has subspecialties in Hand Surgery and Orthopedic Sports Medicine 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 expert 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 injured worker is a 43 year old man with pain in both feet dating back to a work-related injury sustained in 2003. His pain worsens with standing and walking at work, and diminishes with time off from work. Treatment has included changing shoes, orthotics, home exercises, and corticosteroid injection. The injured worker continues to perform regular work, but with subjective complaints of excruciating pain at the end of shifts; the left foot has been worse than the right. He exercises by swimming to avoid painful weight on his feet. Maximal discomfort is beneath the big toe metatarsal phalangeal joints. On examination, he is noted to have normal body weight, flexible first metatarsal plantar flexion and hammertoe deformity with thinning and distal displacement of the plantar fat pad, and tenderness over both sesamoids. The treating physician's recommendation is for left big toe extensor pollicis longus tendon transfer, interphalangeal joint fusion, and excision of the sesamoids.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TRANSFER OR TRANSPLANT OF SINGLE TENDON (WITH MUSCLE REDIRECTION OR REROUTING), SUPERFICIAL (EG, ANTERIOR TIBIAL EXTENSORS INTO MIDFOOT):** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Journal of Bone and Joint Surgery

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 361-386. Decision based on Non-MTUS Citation The modified Jones procedure for pes cavovarus with claw hallux. De Palma L, Clonna E, Travasi M. J Foot Ankle Surg; 1997 Jul-Aug; 36(4):279-83.

**Decision rationale:** Care of foot injuries is discussed in chapter 14 of the ACOEM guidelines in the MTUS; however, the guidelines cover initial treatment shortly after injuries and do not specifically address the specialty surgical treatment requested in this case. As such, alternative guidelines were utilized. The prior reviewer notes correctly that isolated removal of both sesamoid bones from beneath the first metatarsal phalangeal joint is avoided because it can result in imbalance and a big toe that sticks up away from the floor; however, the treatment request is not for isolated sesamoid removal, but rather for a combination of procedures designed to improve alignment and balance of the big toe - specifically, the request includes moving a tendon attachment site to lift the first metatarsal head so there is less weight on the sole of the foot in the painful area while preventing the same tendon from lifting the toe. This surgery is commonly known as the modified Jones procedure, and is discussed in the peer-reviewed reference cited above, as well as in standard specialty textbooks. With long-term pain despite activity modification and a home exercise program combined with clear clinical abnormalities such as the big toe deformity, guidelines would support surgery. As such, the requested surgery is medically necessary.