

Case Number:	CM13-0069639		
Date Assigned:	01/03/2014	Date of Injury:	12/10/2001
Decision Date:	05/29/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/23/2013

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 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 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:

According to the enclosed information, this patient has an original date of injury of December 10, 2001. The original diagnosis is osteoarthritis, ankle/foot. On November 21, 2013 this patient was seen by his podiatrist for evaluation of left great toe joint pain. The pain has become more notable as patient has become more active. He is compensating for this pain by walking to the outside aspect of his left foot. Stiff soled shoes appear to be helpful. Physical exam reveals pain upon range of motion to the first MPJ left side. Dorsiflexion is roughly 15 to 20^o, and plantar flexion of the left hallux is 20^o. Left hallux appears to be well aligned. X-rays of the left foot demonstrates significant first MPJ space narrowing, bony proliferation to the dorsum of the joint, and flattening of the first metatarsal head. A diagnosis of osteoarthritis/arthrosis with associated pain is noted. Surgical intervention was recommended, and on December 5, 2013 there is an authorization request noted in the chart for cheilectomy with first metatarsal head and neck decompression osteotomy left foot for treatment of osteoarthritis and hallux limitus left side.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHEILECTOMY WITH FIRST METATARSAL HEAD AND NECK DECOMPRESSION OSTEOTOMY OF LEFT FOOT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374-375.

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

Decision rationale: After evaluating the progress note that deals with this patient's first MPJ pain left side, it does not appear that patient has had "activity limitation for more than one month without signs of functional improvement." Furthermore, there is no evidence in the progress note that patient has "failure of an exercise program to increase range of motion and strength of musculature" around his painful first MPJ area. The progress notes do demonstrate clear clinical and imaging evidence of osteoarthritis and joint space narrowing to the first MPJ. The patient does not meet all three criteria therefore the surgical procedure is not medically reasonable or necessary at this time.