

Case Number:	CM14-0005564		
Date Assigned:	02/05/2014	Date of Injury:	10/09/2012
Decision Date:	06/20/2014	UR Denial Date:	01/01/2014
Priority:	Standard	Application Received:	01/15/2014

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, 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 patient is a 57 year old male with a date of injury of 10/9/12. An exam note from 10/8/13 documents electrodiagnostic testing of the left leg that revealed peroneal motor and sensory abnormalities as well as sural neuropathy. An MRI of the foot from 11/5/13 demonstrates hammertoe deformity of the 2nd , 3rd, and 4th digits. There is a report in the records of 16 visits of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLEXOR LENGTHENING, PROXIMAL INTERPHALANGEAL ARTHRODESIS LEFT FOOT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: The California MTUS/ACOEM is silent on the issue of hammertoes, so the Official Disability Guidelines (ODG) were consulted. According to the ODG, there should be examples of failed nonsurgical treatment before surgery should be considered. The ODG states that nonsurgical management includes padding, orthotic devices or shoe insole modifications,

debridement of associated hyperkeratotic lesions, corticosteroid injection, taping, and footwear changes (wider and/or deeper toe box). At least two of these should be tried and failed before surgery may be recommended. In this case the records from 10/8/13 do not support that any of these treatments have been performed preliminarily. As such, the request is not medically necessary.