

<b>Case Number:</b>	CM14-0105715		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	03/14/2012
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	06/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/08/2014

### 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:

This is a 56 year old claimant male with reported industrial injury on 3/14/12. Claimant sustained a crush injury to the foot after the foot was run over. Diagnosis is made of traumatic arthropathy. Exam note on 6/11/14 demonstrates right foot pain. Focal edema was noted about the 2nd and 3rd toes without associated skin color changes. Pain was noted over the 2nd and 3rd toes with pressure including the meta-tarsal phalangeal joints. Radiographs demonstrate marked arthrosis of the 2nd and 3rd metatarsal phalangeal joints with asymmetric narrowing, subchondral sclerosis and periarticular osteophyte formation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Preop Surgical Clearance:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**4 Preop and postoperative appointments:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Right foot total joint implant arthroplasty of the second and third metatarsophalangeal joint:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot, Focal joint resurfacing.

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of metatarsophalangeal joint resurfacing. According to the ODG, Ankle and Foot, Focal joint resurfacing, MTP joint arthroplasty is not recommended for any other joint than the 1st MTP joint. As the request is for the 2nd and 3rd MTP joint, the decision is not medically necessary.