

Case Number:	CM14-0010599		
Date Assigned:	02/21/2014	Date of Injury:	05/20/2009
Decision Date:	06/25/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/27/2014

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 Mississippi. 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 records presented for review indicate that this 56-year-old individual was injured on September 21, 2010. A request for a left foot bunionectomy was not certified in the preauthorization process. Associate request for preoperative clearance, postoperative physical therapy, postoperative shoe and crutches were not certified. It is noted that the injured employee has multiple chronic pain complaints at multiple locations. The primary injury appears to be a low back strain. A previous left foot/ankle surgery had been completed. Ongoing complaints of low back pain, lower extremity weakness secondary to the low back pathology required ambulation with crutches. The physical examination of the left foot did not identify any significant hallux valgus abnormality.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT FOOT BUNIONECTOMY, DISTAL CHEVRON TYPE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM GUIDELINES, ANKLE AND FOOT COMPLAINTS CHAPTER, 374-375

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); foot /ankle chapter

Decision rationale: The California Medical Treatment Utilization Schedule (CAMTUS) does not address this issue. The Official Disability Guidelines (ODG) criterion indicates an osteotomy for a painful hallux valgus. Conservative care and failure to respond to other interventions is to be documented. Treatment to date has included a peroneus brevis tendon surgery, postoperative physical therapy and a wound dehiscence care plan. A chronic pain situation is noted to have occurred. Podiatry interventions apparently made the symptoms worse. There is no objectification on radiograph of a significant abnormality requiring such an osteotomy. As such, this request for Left Foot Bunionectomy, Distal Chevron Type is not medically necessary.

PRE-OP CLEARANCE: 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) foot/ankle chapter

Decision rationale: The underlying surgical request is not clinically indicated. As such, preoperative clearance is not needed.

POST-OP PHYSICAL THERAPY SESSIONS, #8: 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) foot/ankle chapter

Decision rationale: The guidelines do support postoperative rehabilitation. The underlying request for surgery is not warranted as such postoperative physical therapy is not warranted.

POST-OP SHOE AND CRUTCHES, OR A WALKER: 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) foot/ankle chapter

Decision rationale: When noting that there is no clinical indication for the proposed surgery, and that the surgery has not been certified, a postoperative shoe and crutches are not warranted.