

<b>Case Number:</b>	CM14-0012788		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	05/30/2012
<b>Decision Date:</b>	07/09/2014	<b>UR Denial Date:</b>	01/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/31/2014

### 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 Texas. 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 57 year old female who reported an injury on 06/14/2012 due to cumulative trauma while performing normal job duties. The injured worker reportedly sustained injury to multiple body parts to include her back, right wrist and right foot. The injured worker's treatment history included physical therapy, rest, stretching exercises, and anti-inflammatories. The injured worker was evaluated on 12/05/2013. It was documented that the injured worker had a 10/10 pain without medications, reduced to a 3/10 to 4/10 pain with medications. Although no physical evaluation of the right foot was provided, it was noted that the injured worker underwent an MRI on 07/17/2013 that provided evidence of a right medial sesamoid stress fracture. However, that MRI was not provided for review. The injured worker was evaluated by an orthopedic surgeon on 12/16/2013. Physical examination documented tenderness without inflammatory response of the first metatarsophalangeal joint with tenderness along the medial sesamoid area. It was noted that it was suspected that the injured worker had a medial sesamoid fracture with fragmentation. X-ray studies from that day indicated there was no evidence of a displaced acute fracture or dislocation of the right foot. A request was made a sesamoidectomy of the right foot first metatarsophalangeal joint on 01/22/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 SESAMOIDECTOMY FOR THE RIGHT FOOT FIRST METARSOPHALANGEAL JOINT:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement (ICSI) Preoperative evaluation. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2006 Jul. 33 p. [37 references].

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Bichara, D. A., Henn, R. F., & Theodore, G. H. (2012). Sesamoidectomy for hallux sesamoid fractures. *Foot & Ankle International*, 33(9), 704-706. Painful sesamoid of the great toe. *World journal of orthopedics*, 5(2), 146.

**Decision rationale:** Peer-reviewed literature, "Sesamoidectomy for hallux sesamoid fractures", documented that this type of surgery is warranted for patients who have failed to respond to nonsurgical interventions to include immobilization, activity reduction, orthotics, anti-inflammatory medications and steroid injections. The clinical documentation submitted for review does indicate that the injured worker has previously been provided anti-inflammatory medications. However, there is no documentation of a significant change in activities to allow for proper healing time. Additionally, there was no documentation of orthotics or immobilization to assist with weight re-distribution and allow for healing. There is no documentation of any type of corticosteroid injections to reduce the inflammatory process and improve healing. Additionally, the most recent x-rays provided did not support that there was any evidence of an acute fracture or displacement of the right foot. Therefore, this surgical intervention is not supported. As such, the request is not medically necessary and appropriate.

#### **1 PRE-OPERATION APPOINTMENT: 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.

#### **1 PRE-OPERATION MEDICAL LABS, EKG, AND CHEST X-RAYS: 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.

#### **1 PSYCHIATRIC EVALUATION FOR 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.