

Case Number:	CM14-0019450		
Date Assigned:	04/23/2014	Date of Injury:	02/23/2011
Decision Date:	06/24/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/15/2014

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:

On 2/23/2011 the patient sustained a work related injury, at which time she sustained a fracture of her left 2nd toe. Pain persists on the undersurface of her left second metatarsal head, and the request is for osteotomy of the left 2nd toe. On 4/20/13 it is noted that her fracture was of the 2nd toe distal interphalangeal joint, and that she has a secondary hammertoe deformity. First metatarsophalangeal joint arthritis is also noted. Treatment has included a custom orthotic. The treating provider has requested an osteotomy of the 2nd metatarsal left foot and a pair of crutches.

IMR ISSUES, DECISIONS AND RATIONALES

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

OSTEOTOMY OF THE 2ND METATARSAL LEFT FOOT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: Per ACOEM guidelines, the ankle and foot chapter note that the criteria for surgical consideration include activity limitation for more than a month, failure of exercise program to improve strength and function, and evidence in the short and long term that the proposed procedure benefits the patient. These criteria are not entirely met. The patient has been symptomatic for over a month, but there is no documentation that physical therapy or

strengthening program has been trialed. In addition, there is no evidence in the short and long term that an osteotomy of the second metatarsal will decrease pain and improve function for the patient, in the setting of pathology of both the great and 2nd toes. Medical necessity for the requested service has not been established. The requested service is not medically necessary.

PAIR CRUTCHES: 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.