

<b>Case Number:</b>	CM14-0115612		
<b>Date Assigned:</b>	08/15/2014	<b>Date of Injury:</b>	04/15/1991
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	07/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2014

### 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 licensed in Podiatric surgery and is licensed to practice in New York. 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 original date of injury for this patient was 4/16/1991. According to the enclosed progress notes, this patient underwent a Valenti procedure for hallux limitus right side on 9/27/2013. On 6/17/2014 this patient was seen evaluation of right toe pain rated at 7/10. Evaluation reveals range of motion is within normal limits, assuming the right first MPJ. The x-rays demonstrate proper joint space. The physicians states that: "thinks, however, that the patient's cartilage breakdown that was noted on previous surgery is too great for this joint function within normal limits." The assessment states that there is a good x-ray, status post cheilectomy, extremely painful range of motion and function of the first metatarsal phalangeal joint right side. The treatment plan states that: "although the x-rays are good, the patient's increased pain and problems with this joint. A range of motion makes further surgery necessitated." He recommends a joint fusion first MPJ right side. On 5/28/2014 this patient was seen by an orthopedic surgeon for evaluation of his knee. Right foot x-rays read by this physician, and "complete collapse of first MPJ right side" was noted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Phalangeal joint fusion between 6/17/14 and 9/7/14: 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, procedure summary.

**Decision rationale:** Review of the enclosed information and the pertinent guidelines for this case, reveals that the decision for 1 phalangeal joint fusion between 6/17/2014 and 9/7/2014 is not medically reasonable or necessary for this patient at this time. The MTUS guidelines do not specifically discuss criteria for first MPJ fusion. ODG guidelines do however discuss criteria for metatarsal phalangeal joint fusion. The progress notes enclosed in this case do not advise that the patient has failed casting, bracing, or shoe modification. The patient has not undergone a Lidocaine injection to the joint to see if it alleviates the joint pain. Most importantly, the physician states that the x-rays appear essentially normal, with no mention of malalignment of the first MPJ nor diminished first MPJ space. Therefore, the request is not medically necessary and appropriate.