

Case Number:	CM14-0119044		
Date Assigned:	08/06/2014	Date of Injury:	08/16/2010
Decision Date:	09/10/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/29/2014

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 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:

According to the enclosed information, this patient visited his podiatrist on 4/15/2014. The patient complains of painful feet secondary to circulatory status and also of thick deformed toenails. The patient states that his toenails become thick and painful before the normal visit time that he is scheduled for four nail debridement. The patient would like to decrease the time between visits for nail debridement. Patient is noted to have vascular disease to the lower extremity, with an original date of injury on 8/16/2010. Physical exam reveals decreased posterior tibial and dorsalis pedis pulses bilaterally. +2/5 non pitting edema, , with decreased hair growth to the digits. Weakness of plantar musculature is noted. Toenails are mycotic and hypertrophic, yellow, crumbling, with the great toenails measuring 4 mm in thickness and the rest of the toenails measuring 3 mm in thickness. A diagnosis of onychomycosis is made. A topical antifungal medication was recommended, along with permanent toenail removal of toenails one through 10. The physician states that he feels that this will help avoid in growing toenails in further difficulties.

IMR ISSUES, DECISIONS AND RATIONALES

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

Permanent Toenail Removal, Left and Right Feet QTY: 10: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/2650853> Phenol and Alcohol Chemical Matrixectomy. Burzotta JL1, Turri RM, Tsouris J. Clin Podiatry

Med Sur. 1989 Apr;6(2):453-67<http://www.ncbi.nlm.nih.gov/pubmed/9298440> Phenol Matrixectomy in Patients With Diabetes. J Foot Ankle Sur. 1997 Jul-Aug;36(4):264-7; discussion 328.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): foot and ankle, ingrown toenail surgery.

Decision rationale: After careful review of the enclosed information and the pertinent Official Disability Guidelines (ODG) guidelines for this case, it is my opinion that the decision for permanent toenail removal left and right feet, quantity 10 is not medically reasonable or necessary for this patient at this time. ODG guidelines state: Ingrowing toenails are a common condition which, when recurrent and painful, are often treated surgically. The evidence suggests that simple nail avulsion combined with the use of phenol, compared to surgical excisional techniques without the use of phenol, is more effective at preventing symptomatic recurrence of ingrowing toenails. The addition of phenol when simple nail avulsion is performed dramatically decreases symptomatic recurrence, but at the cost of increased post-operative infection. (Rounding-Cochrane, 2005) (Shaath, 2005) While the above-mentioned guidelines do advocate a phenol matrixectomy, it is for a diagnosis of ingrown toenails. This patient has a diagnosis of onychomycosis. That diagnosis in and of itself does not warrant permanent a permanent toenail matrixectomy. Furthermore, it is well documented that this patient suffers with lower extremity vascular disease. Unless this patient has clearance from his internist and or vascular surgeon, there is a high likelihood that this patient would not heal from a permanent toenail matrixectomy.