

Case Number:	CM14-0123333		
Date Assigned:	08/08/2014	Date of Injury:	10/18/1973
Decision Date:	09/11/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/05/2014

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:

The patient is a 73-year-old male retired firefighter sustained an industrial injury on 10/18/73. Injury occurred to the right foot while kicking down a door during a fire. He underwent multiple right foot surgeries, including bunion and metatarsal osteotomies. He underwent hammertoe correction by arthroplasty of the 4th digit right foot on 3/13/14. The 5/20/14 chart note indicated the patient wanted his orthotics checked out. He was walking with no limitations using adjusted shoe gear. Physical exam documented good pulses, symmetrical reflexes, and callus over the bunion deformity and 4th digit. The treatment plan indicated the patient was doing okay with the shoe modifications and will continue with conservative measures. The 6/19/14 podiatry chart note indicated orthotics were working well. His fourth digit hurt when he went on long walks. Physical exam documented good pulses, normal reflexes, and normal dermatologic exam. There was hallux interphalangeal lateral deviation with bunion causing lateral compression of the other digits of the right foot. The 6/20/14 right foot x-rays documented postsurgical changes in the foot, persistent moderately severe hallux valgus with evidence of previous bunionectomy, and degenerative arthritis in the first through third metatarsophalangeal (MTP) joints. The 7/22/14 utilization review denied the request for foot surgery as improvement was noted with conservative treatment and there were no functional limitations. The 7/29/14 appeal indicated that there was a shortened 3rd metatarsal and hallux drifted laterally as a result of prior surgery. Orthotics had helped with pain across the forefoot. Chief complaint now was medial hallux pain and flattening of his arch with medial knee pain. Physical exam noted short third digit with drifting and subluxation of the 1st MTPs. There was a proximal interphalangeal (PIP) fusion of the 4th digit with hammering at the level of the distal interphalangeal (DIP) joint. X-rays showed prior osteotomy at the base of the 3rd MTP with no change in alignment. There was a short 3rd digit, subluxation of the 1st and 2nd MTPs, and displaced sesamoids. Stance was pronated. The

left forefoot was well-aligned. The podiatrist discussed fusion of the 1st MTP as the joint space was arthritic and to help stabilize the arch. This would allow the 2nd MTP to relocate with a capsule release, but might require additional surgery. The 4th digit at the level of the DIP joint had a slight adducto varus rotation and he should do well with a fusion of that joint.

IMR ISSUES, DECISIONS AND RATIONALES

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

Metatarsophalangeal (MTP) fuse and hammertoe correction: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers Compensation, Ankle & Foot.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374-375. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot, Fusion (arthrodesis), Surgery for hammer toe syndrome.

Decision rationale: The California MTUS indicate that a failure of conservative treatment may lead to consideration of surgery but do not provide specific indications for these procedures. The Official Disability Guidelines (ODG) recommend ankle, tarsal and metatarsal fusion (arthrodesis) to treat non- or malunion of a fracture, or traumatic arthritis secondary to on-the-job injury to the affect joint. Criteria include conservative care, subjective clinical findings of pain relieved with injection, objective findings of malalignment and decreased range of motion, and imaging findings confirming arthritis, bone deformity, or non- or malunion of a fracture. Criteria for hammertoe surgery include accurate diagnosis, radiographic examination, laboratory tests, additional tests (nerve conduction studies, non-invasive vascular testing), and completion of conservative treatment (padding, orthotics or shoe insole modifications, debridement of associated hyperkeratotic lesions, corticosteroid injections, taping, and footwear changes). The primary reasons for surgical treatment include failure of nonsurgical treatment, impracticality of nonsurgical treatment, and the patient desires correction of painful function limiting deformity. The patient must be informed of the procedure to be performed, treatment alternatives, and reasonable risks involved and elects to have surgical intervention. In this case, guideline criteria have not been met. There is no evidence that comprehensive conservative treatment has been completed (including corticosteroid injection) and has failed. Recent reports have indicated the patient was doing well with orthotics and had no ambulatory limitations. Therefore, the request for a Metatarsophalangeal (MTP) fuse and hammertoe correction is not medically necessary and appropriate.