

Case Number:	CM14-0156616		
Date Assigned:	09/26/2014	Date of Injury:	01/19/2014
Decision Date:	11/28/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/24/2014

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 34 year old female with a date of injury on 1/19/2014. She was employed as a group fitness instructor. Injury occurred when she stepped down on the lateral aspect of her foot during a [REDACTED] and felt a sharp dorsal pain. The 2/15/14 right foot x-rays demonstrated medial first metatarsal degenerative changes, query history of gout. There was a radio density between the bases of the first and second metatarsals, possibly post-traumatic in etiology. The 7/11/14 right foot magnetic resonance imaging (MRI) impression documented chronic sprain/degeneration of the second metatarsophalangeal plantar plate and lateral collateral ligament. There was no fluid filled tear. There was a small second metatarsophalangeal joint effusion/synovitis with no stress fracture. Hallux valgus was noted with chronic stress-related thickening of the medial joint capsule. There were degenerative changes at the articular of the first metatarsal head and plantar sesamoids. The 8/6/14 treating podiatry report cited continued pain in the ball of her right foot under the second metatarsal head, which was grade 4/10 with activity. She had new custom functional foot orthoses but found them difficult to use during activities like [REDACTED] because her feet felt heavy. She had resumed teaching 7 classes a week, with the only work restriction of no jumping. Her feet were tired and sore after each class. Physical exam documented body mass index of 41.34. There was no lower extremity edema. The injured worker had difficulty with heel/toe walk. She had an antalgic gait and walked mostly on her heel. Rear foot varus was noted. Double heel raise exercise revealed forefoot pain. She demonstrated genu valgum bilaterally and hallux abductovalgus of the right foot. Hallux valgus was moderate to severe with plantar flexed right second metatarsal. There was tenderness to palpation under the sesamoid area bilaterally and of the second metatarsal head. There was pain to palpation under the first metatarsal head. There was acute point tenderness under the second metatarsal head with palpation and range of motion during palpation. This corresponded to

magnetic resonance imaging (MRI) findings of the flexor plate injury. X-rays on 4/15/14 reportedly demonstrated a hallux abductovalgus deformity. The impression was hallux abductovalgus right foot, sesamoiditis right foot, flexor plantar plate rupture, metatarsalgia, and difficulty walking. The treatment plan documented evaluation and adjustment of the custom orthotics. She was advised to use the functional foot orthoses at all times if possible which will help determine if they were working for her. The gait test was satisfactory with the functional foot orthoses. Surgical options were discussed which could be utilized to correct these deformities. The injured worker was to continue anti-inflammatories, cryotherapy, and discontinue BK boot. The 8/22/14 utilization review denied the request for right foot surgery as there was no documentation of conservative treatment failure aside from orthotics, and no clear imaging evidence of hallux abductovalgus.

IMR ISSUES, DECISIONS AND RATIONALES

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

Correction Hallux Abducto Valgus Reconstruction Angular Deformity Osteotomy Metatarsal Osteotomy Right Foot: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

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, Osteotomy, Surgery for Hallux Valgus

Decision rationale: The evidence based guidelines recommend surgical consideration when there is activity limitation for more than one month without signs of functional improvement, and exercise programs had failed to increase range of motion and strength. Guidelines require clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long-term from surgical repair. The Official Disability Guidelines recommend osteotomy for painful hallux valgus. Guideline criteria have not been met. This injured worker functionally improved over the course of care and was able to resume her fitness teaching for 7 classes a week, with work restriction of no jumping. The treating physician documented conservative treatment of anti-inflammatory medication, BK boot, functional foot orthoses, and cryotherapy. A functional foot orthosis trial was in process as of 8/7/14. There is no evidence of supervised physical therapy exercise or instruction. Failure of conservative treatment has not been detailed, beyond initial difficulty with the use of orthoses. Therefore, this request is not medically necessary.