

Case Number:	CM14-0186100		
Date Assigned:	11/14/2014	Date of Injury:	02/07/2014
Decision Date:	12/30/2014	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	11/07/2014

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:

65 year old female claimant with reported industrial injury of 2/7/14. MRI of the right foot dated 3/10/2014 reveals mild marrow edema along the distal portion of the first metatarsal. Moderate degenerative joint disease of the right great toe first metatarsal phalangeal joint is consistent with osteoarthritis. Examination note from March 23, 2014 demonstrates the claimant complains of right foot first metatarsal phalangeal joint pain. Repeat MRI of the right foot dated July 1, 2014 demonstrates interval resolution of edema within the head of the metatarsal since the prior examination. Mild to moderate degenerative joint disease of the metatarsal phalangeal joint of the great toe was present. Examination August 7, 2014 demonstrates the claimant complains of right first metatarsal phalangeal joint pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Right first metatarsal osteotomy with internal fixation, bone graft and cartilage graft: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Compensation (TWC) Ankle and Foot Procedure Summary last updated 07/29/2014

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374-375.

Decision rationale: According to the CA MTUS/ACOEM guidelines Chapter 14 (Ankle and Foot Complaints), pg 374-375, Referral for surgical consultation may be indicated for patients who have:- Activity limitation for more than one month without signs of functional improvement- Failure of exercise programs to increase range of motion and strength of the musculature around the ankle and foot- Clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. In this case the claimant has 1st metatarsophalangeal joint osteoarthritis. It is not clear from the exam note from 8/7/14 why an osteotomy with bone graft and cartilage graft is required. Therefore, medical necessity has not been established and determination is for non-certification.