

<b>Case Number:</b>	CM14-0032841		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	05/20/2009
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	02/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/14/2014

### 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 Podiatry 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 the original date of injury of this patient is 5-20-2009. On 4/16/2014 this patient was evaluated by her chiropractor. Patient complains of left foot pain and right shoulder pain. The note describes a situation in which the patient questions whether to have her left foot surgically corrected prior to the right shoulder. The decision was made during this visit that patient will anticipate having her left foot corrected first and then her right shoulder corrected second. Objective findings include external rotation of left lower extremity with compensation of the left foot laterally to avoid medial weight-bearing. Antalgic gait is noted favoring the left foot. Diagnoses documented in this visit include; status post left foot surgery, status post fracture left cuboid, tarsal tunnel syndrome, and hallux valgus deformity left foot secondary to gait disorder. Recommendations from this doctor include left hallux valgus surgical repair and continuation of transverse arch taping. On 3/26/2014 a request for authorization of medical treatment was placed for this patient for left foot hallux valgus surgical repair. Diagnoses on this form include hallux valgus and bunion left side. On 3/4/2014 patient was evaluated by an orthopedic surgeon who states that orthotics would help this patient, but if they are denied then she may be a candidate for surgical repair of her left bunion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Re-evaluation with Specialist between 2/11/2014 and 4/7/2014: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine guidelines, Chapter 7: Independent Medical Examinations and Consultations (Referral to Specialist).

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

**Decision rationale:** One re - evaluation with a specialist (between 2/11/2014 and 4/7/2014) is not medically reasonable or necessary for this patient at this time. According to multiple progress notes the re-evaluation is recommended for left hallux valgus surgery. The MTUS guidelines state clearly that: In order for hallux valgus surgery to be considered for a patient, failure of conservative treatment (e.g., using wider shoes and/or arch supports, or aspiration of an overlying bursa) must be demonstrated. Surgery should not be performed for cosmetic purposes because surgical complications such as infection can worsen appearance and a good functional result is the goal of treatment. Counseling patients about the postoperative course and recovery period is required because they may otherwise underestimate the length of time for recovery and the postoperative pain involved. There is no documentation that any conservative treatments have been employed for treatment of this patient's hallux valgus. In fact one of the physicians states in his progress note that he recommends orthotics for this patient prior to surgery. Therefore, the request for re-evaluation with a specialist is not medically necessary.