

Case Number:	CM14-0037556		
Date Assigned:	06/25/2014	Date of Injury:	12/12/2011
Decision Date:	08/05/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	03/28/2014

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 injured worker is a 57-year-old male who reported an injury on 12/12/2011. The mechanism of injury was not stated. The current diagnoses include ulcer of the left hallux, hyperkeratosis, edema, hammertoe, left fourth toe ulceration, diabetes mellitus, and peripheral neuropathy. The injured worker was evaluated on 03/03/2014 with complaints of 7/10 pain in the left great toe. Physical examination on that date revealed no acute distress, an open wound with significant hyperkeratosis of the left big toe, edema, hyperpigmentation, tenderness to palpation, limited motion, contracture of the second toe with tenderness to palpation, hyperkeratosis of the distal second toe, and a superficial open wound of the fourth toe in the left foot. Treatment recommendations at that time included surgical intervention for the correction of the degenerative changes of the hallux, which may or may not include simple bunionectomy, cheilectomy, and decompression osteotomy or joint replacement of the first MPJ.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left foot correction of the degenerative changes of hallux which may require simple bunionectomy & decompression osteotomy or a joint replacement of the first metatarsophalangeal joint, fusion of the interphalangeal joint with excision of the plantar wound of hallux: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Wheelless' textbook of orthopaedics. Online.

Neuropathic Ulceration (Malperforant). Surgical treatment and ref: Journal of bone and joint surgery 1993.

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 & Foot Chapter, Fusion (arthrodesis).

Decision rationale: The CA MTUS/ACOEM Practice Guidelines state a referral for surgical consultation may be indicated for patients who have activity limitation for more than 1 month without signs of functional improvement, failure of exercise programs to increase range of motion and strength, and clear clinical and imaging evidence of a lesion. Surgery for hallux valgus is recommended following a failure of conservative treatment. The Official Disability Guidelines state prior to a fusion (arthrodesis) conservative care should include immobilization or anti-inflammatory medication. There should be imaging evidence of a loss of articular cartilage, bone deformity or nonunion of a fracture. As per the documentation submitted for this review, the injured worker does maintain a diagnosis of left hallux ulcer, left fourth toe ulceration, and left second hammertoe. However, there is no evidence of an attempt at any conservative treatment prior to the request for a surgical procedure. There were no imaging studies or plain films submitted for this review. Therefore, the current request cannot be determined as medically appropriate. As such, the request is not medically necessary and appropriate.

Pre-operative work-up: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not med necessary, none of the associated services are medically necessary.