

Case Number:	CM14-0053558		
Date Assigned:	09/03/2014	Date of Injury:	10/01/2013
Decision Date:	10/23/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/22/2014

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 Podiatric surgery 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 progress notes, the original date of injury for this patient was 10/1/2013. It appears that this patient underwent left first proximal phalanx surgery on 10/2/2013 for a closed fracture of his phalanx left hallux. Patient has undergone postoperative physical therapy and notes slow progression of healing with continued pain to the fracture area. On 2/11/2014 patient was noted to have continued pain to the area below the first metatarsal head, at the sesamoid area. This is mostly noted when he is pushing off while ambulating. He was dispensed new orthotics which appear to help him ambulate better. He is using oral and topical anti-inflammatory medication, and oral pain medication. During an evaluation visit on 3/18/2014 patient is still noted to have pain to the left hallux even with orthotics and physical therapy visits. Range of motion to the left first MPJ is 35 of dorsiflexion 20 of plantar flexion. Tenderness is noted over the sesamoid area with maximal dorsiflexion. Negative joint effusion is noted. The physician's states that he believes at this point arthritis is setting into the first MPJ and this patient would most probably require a first MPJ arthrodesis left side.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthrodesis 1st Meatarsophalangeal Joint Left Foot: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities Guidelines: Indications for Surgery-Ankle Fusion

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

Decision rationale: After careful review of the enclosed information and the pertinent MTUS guidelines for this case, it is my feeling that the decision for arthrodesis first metatarsal phalangeal joint left foot is not medically reasonable or necessary for this patient at this time. The MTUS guidelines state that a 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 According to the enclosed progress notes, this patient has begun to feel better with physical therapy. According to the last progress note they were dispensed a pair of custom orthotics which according to the physician offloaded the painful sesamoid and first MPJ area. There is no documentation that this particular conservative treatment option was given a chance to reduce patient's pain. Finally, there is no documented clear clinical imaging evidence of osteoarthritis or degenerative changes to the first MPJ that would benefit from an arthrodesis. It does not appear that the documentation meets the coverage criteria for this case.