

<b>Case Number:</b>	CM14-0073350		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	05/12/2005
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	05/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/20/2014

### 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:

This 61-year-old female sustained an industrial injury on 5/12/05, relative to a slip and fall. The patient was status post multiple right foot surgeries and bilateral foot tendon repair, most recently in 2011. The 4/21/14 podiatry report documented chronic problems associated with bilateral lateral ankle instability and peroneal tendon injuries. Subjective complaints included discomfort overlying the lateral left foot and peroneals. Plantar fascia pain waxed and waned. She was progressing well with pain management and pain was well controlled. Home measures were reported including ankle support orthoses, walking shoes, taping, Lidoderm patches, and walking boot. Lower extremity exam documented circulation within normal limits, no ankle instability, on-going right ankle weakness, and positive Tinel's over the left sural nerve. The patient reported an in-growing toenail on the right great toe due to change in her walking pattern and pressure against her shoe. Clinical exam demonstrated a spicule along the medial margin of the hallux which was electrically debrided. A mastricectomy was recommended due to the on-going problems precipitated by her gait pattern. The 5/9/14 utilization review denied the request for mastricectomy of the great toe based on absence of guideline-support and no indication that debridement of the spicule was ineffective.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Mastricectomy right Great Toe:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.mcbl.nlm.nih.gov/pubmed/1644946>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot, Ingrown toenail surgery.

**Decision rationale:** The California MTUS is silent regarding mastricectomy. The Official Disability Guidelines stated that ingrown toenail surgery is not recommended. The evidence suggests that simple nail avulsion combined with the use of phenol is more effective at preventing symptomatic recurrence of ingrowing toenails. Guideline criteria have not been met. Initial podiatric management with removal of a spicule was noted. There was no documentation that conservative measures have been fully employed and failed. Surgery is not recommended to prevent symptomatic recurrence. Therefore, this request for mastricectomy of the right great toe is not medically necessary.