

Case Number:	CM14-0095097		
Date Assigned:	07/30/2014	Date of Injury:	05/17/2011
Decision Date:	08/29/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	06/23/2014

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 claimant is a 40-year-old female who sustained an injury to the right foot was injured on 05/17/10. The records provided for review document that the claimant underwent a bunionectomy in 2011. The report of the 05/13/14 follow up visit describing continued complaints of pain in the right greater than the left foot for which current treatment is documented as medication management and activity restrictions. Physical exam showed moderate tenderness at the lateral gutter of the ankle with tenderness at the insertion of the posterior tibial tendon and the area of the navicular. There was limited range of motion with no effusion. Diagnosis was status post arthroscopic debridement to the ankle with continued pain. Treatment recommendation was surgical decompressive osteotomy of the right metatarsophalangeal with excision of painful loose os navicularis and advancement of the posterior tibial tendon and resection of the prominent navicular of the right foot. The medical records do not identify any other conservative measures.

IMR ISSUES, DECISIONS AND RATIONALES

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

Decompression osteotomy of the right first metatarsophalangeal joint: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Surgical Osteotomy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Treatment in Worker's Comp, 18th Edition, 2013 Updates: ankle procedure Surgery for hallux valgus.

Decision rationale: Based on the California American College of Occupational and Environmental Medicine (ACOEM) Guidelines and supported by the Official Disability Guidelines (ODG), the request for decompression osteotomy of the right first metatarsophalangeal joint is not recommended as medically necessary. The medical records do not document conservative care or a clinical presentation to support the acute need of the operative process in question. The surgery cannot of a decompressive osteotomy to the right first metatarsophalangeal in an individual who is already status post a bunionectomy without documentation of significant physical examination findings, change in imaging or recent conservative care cannot be supported.

Excision of painful loose os navicularis with advancement of posterior tibial tendon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Canale and Beaty: Campbell's Operative Orthopaedics, 11th ed. Chapter 79-Pes Planus. Kidner Procedure.

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

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

Pre-op medical clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pre-op testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004); Chapter 7 Independent Medical Examinations and Consultations, page 127.

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

Resection of prominent navicular (Kidner procedure): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Canale and Beaty; Campbell's Operative Orthopaedics, 11th ed. Chapter 79-Pes Planus. Kidner Procedure.

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

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