

Case Number:	CM14-0207137		
Date Assigned:	12/19/2014	Date of Injury:	03/13/2010
Decision Date:	02/13/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/10/2014

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:

According to the records made available for review, this is a 49-year-old male with a 3/13/10 date of injury. At the time (11/13/14) of request for authorization for Right hammertoe revision and toe flexor transfer 2nd proximal phalanx and Left 2nd metatarsophalangeal capsulotomy, there is documentation of subjective (right foot pain and left foot deformity) and objective (severe fixed left second hammertoe and right hammer toe) findings, imaging findings (MRI of the left foot (11/4/14) report revealed irregular shaped linear low signal intensity on the dorsal surface of the second MTP joint capsule which may be postsurgical scarring), current diagnoses (bilateral hammer toe), and treatment to date (medications and physical therapy). Medical report identifies that patient is requesting surgical intervention; and the requested Left 2nd metatarsophalangeal capsulotomy is for proximal interphalangeal fusion. Regarding Right hammertoe revision and toe flexor transfer 2nd proximal phalanx, there is no documentation of subjective and objective (Peripheral vascular, Neurological, Orthopedic (involvement may be ascertained by examining the foot in either the weight bearing or non-weight bearing positions), and Dermatologic examinations (presence of lesions or hyperkeratoses) findings; imaging (x-rays) findings identifying the type of deformity; and at least 2 additional conservative measures attempted (Padding; Orthotic devices or shoe insole modifications; Debridement of associated hyperkeratotic lesions; Corticosteroid injection; Taping; Footwear changes). Regarding Left 2nd metatarsophalangeal capsulotomy, documentation of a condition/diagnosis (with supportive subjective/objective findings) for which joint fusion is indicated (osteoarthritis of the proximal interphalangeal joint).

IMR ISSUES, DECISIONS AND RATIONALES

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

Right hammertoe revision and toe flexor transfer 2nd proximal pharynx: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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) Ankle & Foot Chapter, Surgery for hammer toe syndrome.

Decision rationale: MTUS reference to ACOEM states that surgical consultation/intervention 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, and clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. ODG identifies documentation of subjective and objective (Peripheral vascular, Neurological, Orthopedic (involvement may be ascertained by examining the foot in either the weight bearing or non-weight bearing positions) , and Dermatologic examinations (presence of lesions or hyperkeratoses) findings, imaging (x-rays) findings identifying the type of deformity, and at least 2 conservative measures attempted (Padding; Orthotic devices or shoe insole modifications; Debridement of associated hyperkeratotic lesions; Corticosteroid injection; Taping; Footwear changes), as criteria necessary to support the medical necessity of hammer toe surgery. Within the medical information available for review, there is documentation of a diagnosis of bilateral hammer toe. In addition, there is documentation of activity limitation for more than one month without signs of functional improvement and failure of exercise programs to increase range of motion. However, despite documentation of subjective (right foot pain) and objective (severe fixed right hammer toe) findings, there is no documentation of subjective and objective (Peripheral vascular, Neurological, Orthopedic (involvement may be ascertained by examining the foot in either the weight bearing or non-weight bearing positions), and Dermatologic examinations (presence of lesions or hyperkeratoses) findings. In addition, there is no documentation of imaging (x-rays) findings identifying the type of deformity. Furthermore, there is no documentation of at least 2 additional conservative measures attempted (Padding; Orthotic devices or shoe insole modifications; Debridement of associated hyperkeratotic lesions; Corticosteroid injection; Taping; Footwear changes). Therefore, based on guidelines and a review of the evidence, the request for Right hammertoe revision and toe flexor transfer 2nd proximal phalanx is not medically necessary.

Left 2nd metatarsophalangeal capsulotomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374. Decision based on Non-MTUS Citation Other Medical Treatment

Guideline or Medical Evidence: <http://emedicine.medscape.com/article/1242107-overview#aw2aab6b6>.

Decision rationale: MTUS reference to ACOEM states that surgical consultation/intervention 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, and clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. Medical Treatment Guidelines identifies documentation of a condition/diagnosis (with supportive subjective/objective findings) for which joint fusion is indicated (such as osteoarthritis of the proximal interphalangeal joint), as additional criteria necessary for the medical necessity of Proximal interphalangeal joint fusion. Within the medical information available for review, there is documentation of a diagnosis of bilateral hammer toe. In addition, there is documentation of activity limitation for more than one month without signs of functional improvement and failure of exercise programs to increase range of motion. However, despite documentation of subjective (left foot deformity) and objective (severe fixed left second hammertoe) findings, there is no documentation of a condition/diagnosis (with supportive subjective/objective findings) for which joint fusion is indicated (osteoarthritis of the proximal interphalangeal joint). Therefore, based on guidelines and a review of the evidence, the request for Left 2nd metatarsophalangeal capsulotomy is not medically necessary.