

Case Number:	CM14-0210538		
Date Assigned:	12/23/2014	Date of Injury:	10/08/2011
Decision Date:	02/13/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/16/2014

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 Podiatrist, 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 information this patient presented to their podiatrist on 10/7/2014 with continued complaints of a painful contracture to the second toe right side. Patient states that prior treatments have included ice, elevation, padding, and different shoes, but the toe continues to be painful and contracted. Physical exam reveals contractures of the second toe right side at PIPJ and MPJ. Vascular and neurologic status intact. Pain is noted to the 2nd pipj right side. Diagnosis includes recurrent hammertoe 2nd right, and surgical correction was recommended including right 2nd toe extensor tendon lengthening and arthrodesis pipj 2nd right, as well as removal of hardware 2nd metatarsal head. The hardware to the right second metatarsal head was placed during a Weil procedure on 1/10/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

PIPJ (Proximal Interphalangeal Joint) fusion of the right 2nd toe, extensor tendon lengthening of the right 2nd toe, removal of hardware right 2nd metatarsal: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Ankle and Foot Procedure Summary (lat updated 10/29/2014) Criteria for hammer tor syndrome surgery

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, procedure summary, surgery for hammertoe syndrome, page 43).

Decision rationale: After careful review of the enclosed information and the pertinent ODG guidelines for this case, it is my feeling that the decision for PIPJ (Proximal Interphalangeal Joint) fusion of the right 2nd toe, extensor tendon lengthening of the right 2nd toe, removal of hardware right 2nd metatarsal is not medically reasonable or necessary for this patient at this time. The enclosed progress notes only outline prior conservative treatments, however do not go into depth as to exactly what treatments were used and for what duration. Furthermore, there is no mention of painful hardware to the second metatarsal head that would necessitate removal. ODG guidelines recommend nonsurgical treatment for hammertoe syndrome. Various padding techniques, cushioning, offloading pressure is recommended. Debridement of hyperkeratotic lesion is usually effective in reducing symptomatology as well. Cortisone injections may be recommended for painful bursa over the PIPJ. Taping and a flexible splints may also be utilized to help the toe remain rectus. Wider shoes and a deeper toe box may also be used to accommodate a hammertoe deformity and decrease shoe pressure over osseous prominences. In summation, the one enclosed progress note does not detail sufficiently the conservative treatment utilized to accommodate this patient's painful hammertoe. Furthermore, there is no mention of pain caused by the hardware to the second metatarsal head right side. For these reasons, surgical correction may not be reasonable at this time.