

<b>Case Number:</b>	CM14-0059802		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	06/10/2013
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	04/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/30/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Illinois, California, Texas  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 injured worker is a 52-year-old male who sustained an industrial injury on 6/10/13. Injury occurred when a 125-pound generator fell on his left foot, with onset of significant left foot pain and swelling. The 2/24/14 progress report cited a painful left big toe with very limited movement and function. Physical exam documented tenderness to palpation over the dorsal and lateral half of the left big toe joint, and painful distraction, compression, and direct palpation on the lateral side. The injured worker stood fairly neutral with a mildly functional Hubscher maneuver. The impression was cannot rule-out intra-articular metatarsophalangeal joint disease. The 4/2/14 utilization review non-certified the request for open arthrotomy and debridement and repair, noting that medical records did not clearly delineate a discrete injury and the surgery proposed was exploratory in nature. Additionally, details of conservative treatment and response were not provided. The 5/7/14 podiatry report indicated that the left foot was worsening. Physical exam documented the first metatarsophalangeal joint was minimally swollen with no discoloration or erythema. Range of motion was restricted as noted previously with exquisite pain with light palpation and range of motion. The patient was post-contusion. MRI was negative for significant pathology. There was a pre-existing hallux limitus and degenerative joint disease and symptomatic arthritis at present. It was reasonable to assume the crush injury exacerbated the current degenerative joint disease/osteoarthritis. Exploratory surgery and evaluation of the intra-articular structures was prudent. The patient had failed two corticosteroid injection injections, shoe and activity modifications, support taping, anti-inflammatories, and 12 to 14 sessions of physical therapy.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Open Arthroscopy and Debridement and Repair:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 1044-1046.

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

**Decision rationale:** The California MTUS guidelines recommend surgical consideration when there is activity limitation for more than one month without signs of functional improvement, and exercise programs had failed to increase range of motion and strength. Guidelines require clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long-term from surgical repair. Guideline criteria have not been met. There is no imaging report documented in the provided records. The treating podiatrist indicated that imaging was negative for significant pathology. Open exploratory surgery has been requested. In the absence of imaging findings, surgery is not supported. Therefore, this request is not medically necessary.