

<b>Case Number:</b>	CM15-0101029		
<b>Date Assigned:</b>	06/03/2015	<b>Date of Injury:</b>	12/10/2014
<b>Decision Date:</b>	07/01/2015	<b>UR Denial Date:</b>	05/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/26/2015

### 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: California, Indiana, Oregon  
 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 37 year old male, who sustained an industrial injury on December 10, 2014. The injury occurred when the injured worker stepped on a rock while running in a training program. The injured worker has been treated for left foot 4th toe pain. The diagnoses have included left fourth digit distal interphalangeal joint pain, ankle/foot pain, acquired deformities of the toe and capsulitis/enthesopathy. Treatment to date has included medications and radiological studies. Most current documentation dated February 16, 2015 notes that the injured worker reported constant left foot fourth digit pain. Associated symptoms included swelling in the joint and bruising. The pain was rated a seven out of ten on the visual analogue scale. Examination of the left foot revealed the fourth digit distal interphalangeal joint degenerative joint disease with crepitus. There was elevation of the second toe with swelling at the joint line, a positive Lachman's maneuver and lack of purchase during weight bearing. The treating physician's plan of care included a request for an outpatient 4th distal interphalangeal joint arthroplasty.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**4th Distal interphalangeal joint arthroplasty: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hand.

**Decision rationale:** CAMTUS/ACOEM is silent on interphalangeal arthroplasty. ODG Hand is referenced. Proximal interphalangeal joint replacement is recommended for symptomatic arthritis with sufficient bone stock and intact collateral ligaments. In this case the distal IP joint is requested for arthroplasty which is not recommended by the guidelines so the request is not medically necessary.