

Case Number:	CM15-0148879		
Date Assigned:	08/12/2015	Date of Injury:	06/12/2009
Decision Date:	09/09/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	07/31/2015

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, New York Certification(s)/Specialty: Podiatrist

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 51 year old female, who sustained trauma, from an industrial injury, a slip and fall, while carrying a load on 6-12-2009. The injured worker sustained injury to the lower back and bilateral knees. The injured worker is diagnosed with lumbar-sacral intervertebral disc degeneration. The injured worker is presently diagnosed as having plantar fasciitis, neuroma, bunion and metatarsal phalangeal joint dislocation, right foot. The patient is described as having pes planus bilateral and without plantar foot dyscrasia. The patient is described as having an altered gait, compensatory, preferentially loading the right lower extremity. There is an X-ray study taken on 3/5/15, but no record of assessment is provided. There is no record of recent diagnostic study. Treatment to date has included orthotics, therapy and medical management, with a positive response to treatment. In a progress note dated 7-14-2015, the injured worker complains of pain in the right forefoot. Physical examination showed significant valgus digital deformity and abnormal motion of the 2nd, 3rd, 4th and 5th digits and swelling. The treating physician is requesting metatarsophalangeal joint tenotomy and capsulotomy of 2nd, 3rd, 4th and 5th digits, right foot, 2nd, 3rd, and 4th metatarsal head and neck osteotomy with screw fixation, right foot and possible 5th distal metatarsal-neck osteotomy with screw fixation, right foot.

IMR ISSUES, DECISIONS AND RATIONALES

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

Metatarsophalangeal joint tenotomy/capsulotomy of 2nd, 3rd, 4th and 5th digits, right foot: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Foot and Ankle Chapter; Wheelless' Textbook of Orthopaedics; Chevron Osteotomy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Occupational Medicine Practice Guidelines, Ankle and Foot Complaints, Methods for symptom control, Special Studies and Diagnostics and Treatment Considerations, Surgical Considerations. Treatment Considerations, Surgical Considerations. Tables: 14-1, 14-2, 14-3, 14-5, 14-6 Page(s): 368, 370, 372-378. Decision based on Non-MTUS Citation Gregg JM, Schneider T, Marks P (2008).

Decision rationale: The injured workers' chief complaint is of a pan metatarsal metatarsalgia, with swelling, right foot, of unidentified etiology. Digital dislocation occurs as a result of disease affecting the joint structures and/or other diseases of ligaments and tissue around a joint. The injured worker has a documented neuropathic disorder. Given the patients' recorded symptoms there are numerous forms of arthridity, open to evaluation, which alone and in concert are characterized by digital joint dislocation. Diagnosis is made by clinical examination from an appropriate health professional, and may be supported by other tests such as radiological, electromyography, histopathological and blood testing. The record has no mention of qualified referral for specialty evaluation. The record does not demonstrate evidence of evaluative diagnostics. The record states that the patient has achieved well tolerated sustained relief of symptoms with orthotic use and medical management. The MTUS guidelines support conservative management. Conservative management is recorded to be effective and beneficial in the treatment of this patient. The requested procedures are not certified as medically necessary.

2nd, 3rd, and 4th metatarsal head and neck osteotomy with screw fixation, right foot: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Foot and Ankle Chapter; Wheelless' Textbook of Orthopaedics; Chevron Osteotomy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Occupational Medicine Practice Guidelines, Ankle and Foot Complaints, Methods for symptom control, Special Studies and Diagnostics and Treatment Considerations, Surgical Considerations. Tables: 14-1, 14-2, 14-3, 14-5, 14-6 Page(s): 368, 370, 372-378. Decision based on Non-MTUS Citation Gregg JM, Schneider T, Marks P (2008).

Decision rationale: The injured workers' chief complaint is of a pan metatarsal metatarsalgia, right foot of unidentified etiology. The patient is described as having an altered gait, compensatory, preferentially loading the right lower extremity. The patient is described as having pes planus bilateral, without plantar foot dyscrasia. The record denies indication of visible distal metatarsal phalangeal joint pressure loading at any site, plantar right foot. The record does not demonstrate evidence of applied diagnostics identifying a need for corrective osteotomy. The record states that the patient has achieved well tolerated sustained relief of symptoms with orthotic use and medical management. The MTUS guidelines support conservative management

including therapeutic footwear and bracing prior to the application of surgical measures. Conservative care is recorded to be effective and beneficial in the management of this patient. The requested procedures are not certified as medically necessary.

Possible 5th distal metatarsal/neck osteotomy with screw fixation, right foot: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Foot and Ankle Chapter; Wheelless' Textbook of Orthopaedics; Chevron Osteotomy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Occupational Medicine Practice Guidelines, Ankle and Foot Complaints, Methods for symptom control, Special Studies and Diagnostics and Treatment Considerations, Surgical Considerations. Tables: 14-1, 14-2, 14-3, 14-5, 14-6 Page(s): 368, 370, 372-378. Decision based on Non-MTUS Citation Gregg JM, Schneider T, Marks P (2008).

Decision rationale: The injured workers' chief complaint is of a pan metatarsal metatarsalgia, right foot of unidentified etiology. The patient is described as having an altered gait, compensatory, preferentially loading the right lower extremity. The patient is described as having pes planus bilateral and without plantar foot dyscrasia. The record denies indication of visible distal metatarsal phalangeal joint pressure loading at the 5th metatarsal phalangeal region, right foot, plantar aspect. The record does not demonstrate evidence of applied diagnostics identifying a need for a corrective 5th metatarsal osteotomy. The record states that the patient has achieved well tolerated sustained relief of symptoms with orthotic use and medical management. The MTUS guidelines support conservative management including therapeutic footwear and bracing prior to the application of surgical measures. By the record, conservative care is reported to be effective and beneficial in the management of this patient. The requested procedure is not certified as medically necessary.