Case Number:	CM15-0184422		
Date Assigned:	09/30/2015	Date of Injury:	03/06/2013
Decision Date:	11/12/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	09/18/2015

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 58 year old male, who sustained an industrial injury on 3-06-2013. The injured worker was being treated for recurring, painful, deformed right hallux nail, status postindustrial trauma. Treatment to date has included subungual exostectomy with partial avulsion of the right hallux nail 6-20-2013 and medications. Currently (8-07-2015), the injured worker complains of chronic right hallux pain, not rated. He reported that when ambulating, most of his pain was around the nail, with much less pain on the scar at the hallux tip, The nail was tender to palpation, significantly deformed, and had prior partial matrixectomies for ingrowing. His right hallux was anesthetized, a ring tourniquet was applied, and the hallux nail plate was freed with a hemostat and avulsed in total. The entire nail matrix was cauterized then flushed. A dry sterile dressing with antibiotic ointment was applied and he was given post-operative instructions. His work status was documented as total temporary disability "with regard to his shoulders". Per the Request for Authorization dated 8-04-2015, the treatment plan included a total nail matrixectomy, non-certified by Utilization Review on 8-21-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Matrixectomy: 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): Ankle & Foot (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 1. Onychodystrophy and its management, Tilmann Oppel 1 and Hans Christian Korting. 2. Haneke E. Fungal infections of the nail. Semin Dermatol. 1991; 10: 41-53. [PubMed] 3. Tosti A, Piraccini BM. Treatment of common nail disorders. Dermatol Clin. 2000; 18: 339-348. [PubMed].

Decision rationale: The occurrence of onychodystrophy is frequent. Many underlying diseases can cause abnormal nails. To maximize a positive treatment outcome the origin of the disorder must be considered. Onychomycosis represents 30-40% of nail disorders and is characterized by a wide variation of dystrophic presentations. Predisposing factors for onychomycosis are arterial and venous circulation disorders, neuropathy, diabetes mellitus and trauma. In the given record, all of these predisposing morbidities are identified with this patient. This disease states, in concert and independently can lead to onychodystrophy. Onychodystrophy is open to effective treatment. By principle, the origin of a disorder must be first considered. The record provides no statement of diagnostic evaluation prior to the consideration of treatment. A total matrixectomy is not medically necessary in the management of this injured worker.