

<b>Case Number:</b>	CM15-0199605		
<b>Date Assigned:</b>	10/21/2015	<b>Date of Injury:</b>	07/16/2001
<b>Decision Date:</b>	12/04/2015	<b>UR Denial Date:</b>	09/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/10/2015

### 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 61 year old female who sustained an industrial injury on 7-16-01. A review of the medical records indicates that the worker is undergoing treatment for onychomycosis x10 and painful elongated nails x10. Subjective complaints (8-19-15) include painful ingrown toenails and changes to nails. Objective findings (8-19-15) include a wheelchair bound female with nails that are yellow, discolored with subungal debris 1-10, medial and lateral borders of hallux nails are painful to touch w nails being ingrown, the areas are red and painful to touch, and no puss is noted. Previous treatment includes Clearzal. Requests for authorization are dated 8-27-15. On 9-9-15, the requested treatment of monthly office visits with the podiatrist for monthly toe nail debridement, bilateral feet as an outpatient and partial matrixectomies x2 (permanent ingrown nail treatment) for the bilateral feet, as an outpatient for bilateral hallux nails was non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Partial matrixectomies x2 (permanent ingrown nail treatment) for the bilateral feet, outpatient, for bilateral hallux nails: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Complex Regional Pain Syndrome (CRPS). Decision based on Non-MTUS Citation James, William; Berger, Timothy; Elston, Dirk (2002). Andrews' Diseases of the Skin: Clinical Dermatology (10th ed.). Saunders, page 789.

**Decision rationale:** The record supports a diagnosis of CRPS-I, (RSD) in consideration of this injured worker. As per MTUS, pages 35 and 36, this diagnosis is supported by the report of, motor weakness, painful regional conditions, distal abnormal findings and abnormalities of normal nail growth [1]. Unavailable from the record, is a description of the injured worker's physical status prior to the date of injury: 7/16/01. As presented, the record does not certify, the industrially related injury of 7/16/01 as a significant precipitating event, in the development of the injured worker's present condition. As per MTUS guidelines, utilizing the available data, it is not possible to certify, that the requested treatment: Partial matrixectomy x 2 (permanent ingrown nail treatment), Hallux, bilateral feet, is attributable to an industrially related accident and accordingly cannot be certified as medically necessary in the treatment of this injured worker.

**Monthly office visits with podiatrist for montly toe debridement, bilateral feet, outpatient (duration of treatment not specified):** 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); Work Loss Data Institute, LLC; Corpus Christi, TX; www.odg-twc.com; Section: Ankle & Foot (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Complex Regional Pain Syndrome (CRPS). Decision based on Non-MTUS Citation James, William; Berger, Timothy; Elston, Dirk (2002). Andrews' Diseases of the Skin: Clinical Dermatology (10th ed.). Saunders, page 789.

**Decision rationale:** As per MTUS, Chronic Pain Medical Treatment Guidelines, pages: 35, 36, the record supports the presence of dystrophic nail abnormalities, consistent with CRPS-I, (RSD), including a condition distinguished by chronic nail dystrophy. As presented in the record, there is no mention of the injured worker's physical status, prior to the industrially related injury of 7/16/01. The record does not certify, the industrially related injury of 7/16/01, as a significant precipitating event in the development of the injured worker's present condition. As per MTUS guidelines and utilizing the existing record, the requested treatment: Monthly office visits with Podiatrist for monthly toe debridement's, bilateral feet, outpatient, duration of treatment not specified, cannot be certified as medically necessary in the treatment of this injured worker.