

Case Number:	CM15-0205170		
Date Assigned:	10/22/2015	Date of Injury:	06/04/2013
Decision Date:	12/10/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	10/19/2015

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: Minnesota, Florida

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 43 year old male, who sustained an industrial injury on 6-4-13. The documentation on 8-13-15 noted that the injured worker demonstrates continuation of symptomatology regarding the right hallux. The Achilles and patellar reflexes are 2 + out of 4 bilaterally and symmetrically, the Babinski is not present and clonus is not elicited bilaterally. The injured worker demonstrates difficulty with squatting, crouching, toe walking and toe standing. The injured worker demonstrates pain to direct palpation of the big toe at the phalangeal joint is extremity significant and there is a mycotic nail to the big toe that is rather significant due to a crush injury sustained by the injured worker with permanent deformity of the toe because of matrix cell damage because of crush injury and fracture of the big toe sustained. Magnetic resonance imaging (MRI) on 7-29-15 reveals signal void artifacts of the distal aspects of the distal phalanx of the great toe. The diagnoses have included crush injury and fracture injury of the right hallux and crush injury of the right foot and fracture of the third and fourth metatarsals status post open reduction internal fixation. The original utilization review (10-14-15) non-certified the request for arthrodesis of the interphalangeal joint of the right hallux and outpatient facility.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthrodesis of the interphalangeal joint of the right hallux: 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, Fusion (arthrodesis).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section: Ankle and Foot, Topic: Fusion.

Decision rationale: The injured worker is a 43-year-old male with a date of injury of 6/4/2013. He sustained a crush injury of the right foot associated with fractures of the third and fourth metatarsals status post open reduction internal fixation with subsequent removal of hardware. The current request pertains to arthrodesis of the interphalangeal joint of the right great toe. Examination has revealed onychomycosis of the great toenail and pain with direct palpation of the big toe with significant tenderness in the interphalangeal joint. ODG indications for fusion surgery include conservative care with casting, bracing, shoe modification or other orthotics or anti-inflammatory medications plus subjective clinical findings of pain relieved by Xylocaine injection plus objective clinical findings plus imaging clinical findings of positive x-ray confirming presence of loss of articular cartilage, hypertrophic spurring, sclerosis, or other evidence of severe bone deformity. In this case the guideline criteria have not been met particularly with regard to pain relief documented with intra-articular injection of Xylocaine, conservative care with bracing, shoe modifications or other orthotics, and hypertrophic spurring, sclerosis or other evidence of severe bone deformity or severe osteoarthritis. As such, the request for a fusion is not supported and the medical necessity of the request has not been substantiated.

Outpatient facility: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.