

Case Number:	CM15-0218141		
Date Assigned:	11/10/2015	Date of Injury:	01/11/2013
Decision Date:	12/21/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	11/05/2015

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 50 year old male, who sustained an industrial injury on 01-11-2013. A review of the medical records indicates that the worker is undergoing treatment for pre-dislocation syndrome of metatarsophalangeal joint and metatarsalgia. The only medical documentation submitted consists of physician progress notes dated 06-20-2013 and 09-03-2015. Treatment has included Tylenol and Ibuprofen which were noted to be ineffective at relieving pain. The 06-20-2013 progress note showed that the worker was having pain in the right foot and left knee and was being seen for MRI results. Objective findings showed some slight swelling over the right dorsal foot and tenderness to palpation at the anterior plantar region. MRI of the right foot on 06-22-2013 was noted to show mild osteoarthritis, minimal synovial fluid in the joints, mild subcutaneous fluid and few varicose veins. Subjective findings (09-03-2015) included "patient states foot may feel a little better in the boot but no change if he is not wearing the boot." MRI of the right foot on an unknown date was noted to show no tear of plantar plate and x-rays were noted to show joint space narrowing and adduction of joint. The physician noted that the worker wanted to proceed with surgery. Objective findings (09-03-2015) included minimal callus formation plantar second metatarsophalangeal joint of the right foot, second digit dorsiflexed at metatarsophalangeal joint with pain to palpation, pain with range of motion and thickened capsule noted with palpation, limited ankle dorsiflexion with knee extended and pain to palpation stretching right foot and painful to palpation of plantar plate of forefoot. The physician noted that authorization for second metatarsal osteotomy, repair of collateral ligaments was being requested. A utilization review dated 10-07-2015 non-certified a request for right second metatarsal osteotomy, repair of collateral ligaments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right second metatarsal osteotomy, repair of collateral ligaments: Upheld

Claims Administrator guideline: Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Surgical Considerations.

MAXIMUS guideline: Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): General Approach, Physical Methods, Surgical Considerations. Decision based on Non-MTUS Citation; 1. AMA Current Procedural Terminology, CPT 2003, Professional Edition. 2002. 2. Campbell's Operative Orthopedics, Ninth Edition, pp. 1628-1647, 1998. 3. Myerson, Foot and Ankle Disorders [2000], pages 213-288.

Decision rationale: As per MTUS, pages 374 to 377, surgical consideration is indicated, if the patient has recorded no functional improvement through an extended period of treatment and activity limitation. MTUS pages 365 to 374, endorse a variety of non surgical strategies typically recommended, including: bracing, therapeutic foot wear, orthotics, physical therapy and modified work status regimens. As per MTUS guidelines, page 365, objective evidence of pathology, consistent with the patient's subjective complaints requires identification and documentation in the medical record. The record does not include objective evidence of pathology correlating the injured worker's clinical presentation and the requested surgical procedure. A discrete lesion is not identified. A supported rationale for the requested procedure has not been provided. The type of treatment should be explained, the reasons for the treatment, and the possible benefits of the treatment. Assurance of both short term and long term benefit from the proposed surgical measures must be substantiated by the record. As per MTUS guidelines, the requested treatment: right second metatarsal osteotomy, repair of collateral ligaments, is not supported in the record and is not certified as medically necessary.