

Case Number:	CM15-0225725		
Date Assigned:	11/24/2015	Date of Injury:	08/09/2002
Decision Date:	12/31/2015	UR Denial Date:	10/19/2015
Priority:	Standard	Application Received:	11/17/2015

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 8-09-2002. The injured worker is being treated for left foot hammertoe deformity. Treatment to date has included diagnostics, medications and orthotics. Per the Clinic note dated 7-31-2015, the injured worker reported bilateral foot pain, left greater than right, specifically 2nd toes. Toes are curling, left greater than right causing pain and discomfort especially in the toenail. He is having a significant amount of discomfort by the end of the day at work. Objective findings included palpable pedal pulses and low-grade inflammation of his left forefoot and 2nd and 3rd toes and 2nd MTPJ. He has a flexible hammertoe deformity of the bilateral 2nd toes, left greater than right. He has tenderness to palpation at the distal tip. He has some thickening of the 2nd toenail, bilateral left greater than right. The notes from the provider do not document efficacy of the current treatment. X-rays were taken at this visit and showed a semi rigid hammertoe deformity of the 2nd toe on the left foot. Work status was not documented at this visit. The plan of care included possible surgical intervention to straighten the toe. Authorization was requested for one arthroplasty versus arthrodesis of the proximal interphalangeal joint (PIPJ) of the left second toe. On 10-19-2015, Utilization Review non-certified the request for one arthroplasty versus arthrodesis of the proximal interphalangeal joint (PIPJ) of the left second toe.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 arthroplasty versus arthrodesis of the proximal interphalangeal joint (PIPJ) of the left 2nd toe: Upheld

Claims Administrator guideline: Decision based on MTUS Ankle and Foot Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle and foot, surgery for hammer toe syndrome.

MAXIMUS guideline: Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): General Approach, Medical History, Diagnostic Criteria, Work-Relatedness.

Decision rationale: As per MTUS, p 363, Table 14-1: Red Flags for Potentially Serious Ankle and Foot Conditions, the injured worker presents with indicators of potentially serious medical conditions: abnormal joint mobility, a history of painful swelling, a history of diabetes, a history of neuropathy, a history of peripheral vascular disease, a history of gout. As per MTUS, page 365, the physician should seek objective evidence of pathology that is consistent with the patient's subjective complaints. The MTUS guidelines recommend active study and referral to ascertain objective findings of pathology consistent with the injured worker's complaints. The record provides no evidence of diagnostic study as recommended by the MTUS guidelines. The injured worker is recorded as stating that his discomfort is from his shoes following prolonged standing. Determining whether a complaint of a foot disorder is work related requires analysis. Recommended pre surgical strategies, include: therapeutic foot wear, orthotics, physical therapy and modified work regimens. The patient is recorded as having specific shoe gear and orthotics, with no recorded evaluation of the shoe gear. Orthotic management has minimal address in the record. The record provides no evidence of other indicated applied alternatives to surgical management as recommended by the MTUS guidelines. As per MTUS guidelines, page 374, surgical consideration is not indicated. The proposed surgical procedures: 1 arthroplasty versus arthrodesis of the proximal interphalangeal joint (PIPJ) of the left second toe is not certified as medically necessary.