

<b>Case Number:</b>	CM15-0038359		
<b>Date Assigned:</b>	03/09/2015	<b>Date of Injury:</b>	08/25/1981
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/02/2015

### 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: Illinois, California, Texas  
 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 67-year-old male who sustained an industrial injury on 8/25/81. He sustained a right foot metatarsal amputation. The 1/2/15 treating physician report noted pain at the distal lateral margin of the right foot. Symptoms were aggravated with increased activities and riding his bicycle. Physical exam documented body mass index 25.66, skin in good repair, and some tenderness to palpation over the fifth metatarsal head. The injured worker was referred to the podiatrist. Prescriptions were given for annual replacement of shoes and orthotics. The 1/23/15 podiatrist report cited pain at the stump of the right foot. Spurs in this area have been previously removed. Physical exam documented normal vascular exam, plantar callousing to the stump of the first metatarsal, and pain at the fifth metatarsal stump. The diagnosis was possible plantar spurring to the fifth metatarsal. X-rays were ordered. The 1/23/15 right foot x-ray report documented a transmetatarsal amputation with no evidence of acute fracture or osteomyelitis. Findings noted that there was diffusely diminished bone mineralization, the edge of the amputation was well-defined, and articular surfaces were preserved. Records documented a 2/12/15 podiatry note indicated there was a small bone spur at the plantar aspect of the 5th metatarsal. Surgical removal was requested. The 2/19/15 utilization review non-certified the request for right 5th metatarsal exostectomy as the current imaging report was unremarkable for spurring.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Exostectomy 5th metatarsal right foot: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374 and 375.

**Decision rationale:** The California MTUS guidelines recommend surgical consideration when there is activity limitation for more than one month without signs of functional improvement, and exercise programs had failed to increase range of motion and strength. Guidelines require clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long-term from surgical repair. Guideline criteria have not been met. There is no clear imaging evidence of a bone spur to support the medical necessity of this request. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. Therefore, this request is not medically necessary at this time.

**Pre-op clearance: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACC/AHA 2007 Guidelines on pre-operative cardiovascular evaluation and care for non-cardiac surgery, <http://circ.ahajournals.org/cgi/content/full/116/17/e418>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement (ICSI), Pre-operative Evaluation, and Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2010 Jun. 40 p.

**Decision rationale:** As the surgical request is not supported, this request is not medically necessary.

**Associated surgical service: pneumatic CAM boot: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle/Foot-Cast/Immobilization.

**Decision rationale:** Neither the procedure (nor likewise this request therefore) are medically necessary.

**Associated surgical service: lab work:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation comprehensive metabolic panel: <http://www.cigna.com/healthwellness/hw/medical-topics/comprehensive-metabolic-panel-tr6153>, Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter preoperative lab testing, Orthopedic Knowledge Update 9, Fischgrund, Editor; Chapter 9, page 105.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Practice advisory for pre-anesthesia evaluation: an updated report by the American Society of Anesthesiologists Task Force on Pre-anesthesia Evaluation. Anesthesiology 2012 Mar; 116(3):522-38.

**Decision rationale:** As the surgical request is not supported, this request is not medically necessary.

**Associated surgical service: imaging:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-375.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-375.

**Decision rationale:** As the surgical request is not supported, this request is not medically necessary.