

Case Number:	CM15-0041617		
Date Assigned:	03/11/2015	Date of Injury:	06/18/1998
Decision Date:	05/01/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	03/05/2015

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: 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 56 year old male who sustained an industrial injury on 06/18/1998. Diagnoses include other joint derangement, not elsewhere classified-ankle and foot, hammertoe, calcaneal spur, left ankle instability, calcaneal bursitis, plantar fascial fibromatosis, and plantar fasciitis of left foot, lateral plantar band involvement, and new onset of plantar fasciitis of the right foot. Treatment to date has included medications, cortisone injections, strapping of ankle, and orthotics. A physician progress note dated 02/04/2015 documents the injured worker complains of bilateral foot pain. There is point tenderness bilaterally, left greater than right, at the mid-arch at the medial longitudinal ligament and central band of at the Aponeurotic tissues. He has an antalgic gait at left. There is weakness in the left foot when walking and pain in the left foot and ankle. He has swelling of the medial marginal left heel. He had increased swelling due to a fall out of the tub. He also had increased right foot pain. He has a palpable mass consistent with a plantar fibroma, and pain was present to palpation examination at the fibrotic nodule. Treatment requested is for Arthrodesis, left 2nd toe, left 3rd toe, left 4th toe.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthrodesis, left 2nd toe: 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 (updated 12/22/14), 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) procedure summary, ankle and foot, fusion/arthrodesis, page 22.

Decision rationale: After careful review of the enclosed information and the pertinent capital ODG guidelines for this case, it is my feeling that the arthrodesis left second toe is not medically reasonable or necessary for this patient. The ODG guidelines state that a fusion may be indicated in the ankle, tarsal, or metatarsal to treat non, and or mal union of a fracture or traumatic arthritis secondary to on-the-job injury to the affected joint. Conservative care must be attempted first including immobilization bracing casting shoe modification or orthotics. Anti-inflammatory medication may also be attempted. Pain must be noted which is activated by activity. There must be mal alignment and decreased range of motion noted. Finally clinical imaging of the deformity must be noted. After review of the enclosed progress notes for this case, the request is not medically necessary.

Arthrodesis, left 3rd toe: 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 (updated 12/22/14), 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) procedure summary, ankle and foot, fusion/arthrodesis, page 22.

Decision rationale: After careful review of the enclosed information and the pertinent capital ODG guidelines for this case, it is my feeling that the arthrodesis left third toe is not medically reasonable or necessary for this patient. The ODG guidelines state that a fusion may be indicated in the ankle, tarsal, or metatarsal to treat non, and or mal union of a fracture or traumatic arthritis secondary to on-the-job injury to the affected joint. Conservative care must be attempted first including immobilization bracing casting shoe modification or orthotics. Anti-inflammatory medication may also be attempted. Pain must be noted which is activated by activity. There must be mal alignment and decreased range of motion noted. Finally clinical imaging of the deformity must be noted. After review of the enclosed progress notes for this case, the request is not medically necessary.

Arthrodesis, left 4th toe: 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 (updated 12/22/14), 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) procedure summary, ankle and foot, fusion/arthrodesis, page 22.

Decision rationale: After careful review of the enclosed information and the pertinent capital ODG guidelines for this case, it is my feeling that the arthrodesis left fourth toe is not medically reasonable or necessary for this patient. The ODG guidelines state that a fusion may be indicated in the ankle, tarsal, or metatarsal to treat non-, and or mal union of a fracture or traumatic arthritis secondary to on-the-job injury to the affected joint. Conservative care must be attempted first including immobilization bracing casting shoe modification or orthotics. Anti-inflammatory medication may also be attempted. Pain must be noted which is activated by activity. There must be mal alignment and decreased range of motion noted. Finally clinical imaging of the deformity must be noted. After review of the enclosed progress notes for this case, the request is not medically necessary.

Hammertoe resection, left 5th toe: 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 (updated 12/22/14), 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) procedure summary, ankle and foot, fusion/arthrodesis, page 43.

Decision rationale: After careful review of the enclosed information and the pertinent ODG guidelines for this case it is my feeling that the hammertoe resection left 5th digit is not medically reasonable or necessary for this patient at this time. The ODG guidelines state that surgery for hammertoe syndrome is not recommended initially. Nonsurgical treatment is often the initial treatment choice for the symptomatic digital deformity. Various padding techniques exist serving to cushion or offload pressure from the affected toe. Criteria for hammertoe surgery includes evaluation of the chief complaint, past medical history, physical examination including peripheral vascular and neurologic, orthopedic, including examination of the range of motion of the toe. Dermatologic including presence of lesions or hyperkeratoses area, radiologic examination, and nonsurgical treatments of at least two: having orthotic devices shoe insoles debridement of hyperkeratotic tissue, cortisone injections, taping or fourth gear changes. According to the enclosed information no conservative treatments have not been attempted for this patient's hammertoe's. Therefore, the request is not medically necessary.