MAXIMUS Federal Services

Case Number:	CM15-0045452		
Date Assigned:	03/17/2015	Date of Injury:	12/10/2001
Decision Date:	04/17/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	03/10/2015

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 64-year-old male who sustained an industrial injury on 12/10/01. The mechanism of injury was noted as continuous trauma. Past surgical history included right foot surgery for Haglund's deformity, left foot Achilles tendon repair, neuroma surgery/revision of right Haglund's deformity, right foot spur surgery and subtalar arthrodesis, and removal of right foot implant. Conservative treatment for the left foot included custom orthotics, home exercise, activity restrictions, and shoe gear modifications. The 1/29/15 treating physician report cited persistent pain and discomfort to the left great toe joint. The toe has progressively drifted laterally. Previous discussion of surgical correction was noted and the injured worker felt it was now time for surgical correction. Physical exam documented left great toe deformity at the level of the hallux interphalangeal joint. There is lateral excursion with static stance and some early deformity involving the left forefoot second digit. X-rays of the left foot showed joint space narrowing with some bony sclerosis to the left hallux interphalangeal joint with significant valgus deformity. The treatment plan recommended left great toe surgery. The 2/11/15 utilization review non-certified the request for left foot bunionectomy and distal angulation osteotomy based on an absence of documented conservative treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Foot Bunionectomy and Distal Angulation Osteotomy: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 375. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot: Surgery for hallux valgus.

Decision rationale: The California MTUS guidelines indicate that failure of conservative treatment (e.g., using wider shoes and/or arch supports, or aspiration of any overlying bursa) may lead to consideration of surgery for hallux valgus. The Official Disability Guidelines recommend surgical osteotomy as an effective treatment for painful hallux valgus. Guideline criteria have been met for the left foot bunionectomy and distal angulation osteotomy. The patient presents with painful hallux valgus that has failed reasonable conservative treatment, including, orthotics, and activity and shoe gear modification. Therefore, this request is medically necessary.