

Case Number:	CM15-0083105		
Date Assigned:	05/05/2015	Date of Injury:	02/08/2011
Decision Date:	06/03/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/30/2015

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, Indiana, Oregon
 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 45 year old male, who sustained an industrial injury on 2/8/11. The injured worker was diagnosed as having left first metatarsal pharangeal arthritis, left foot sural nerve neuroma, and status post left hallux malleus correction. Treatment to date has included an injection to the sural nerve on 12/31/14, physical therapy including aqua therapy, and medications. Currently, the injured worker complains of left foot pain in the first metatarsal phalangeal joint. The treating physician requested authorization for left foot metatarsal phalangeal joint hallux orthrodesis resection of sural nerve and bury in gastrocnemius.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Foot Metatarsal Phalangeal Joint Hallux Orthrodesis Resection of Sural Nerve and Bury in Gastrocnemius: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374-375. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013, Ankle & Foot Chapter, Surgery for hallux valgus, Fusion (arthrodesis), Indications for Surgery - Ankle Fusion.

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.

Decision rationale: CA MTUS/ACOEM is silent on the issue of MTP arthrodesis, section on subtalar arthrodesis is referenced. According to the ODG, Ankle section, fusion, criteria includes conservative care including casting, bracing and shoe modifications. In addition, pain must be present with weight-bearing and relieved with xylocaine injection. There must be malalignment and decreased range of motion with positive radiographic confirmation of loss of articular surface or bony deformity. Supportive imaging can include bone scan, MRI or CT. In this case there is insufficient evidence of failure of conservative management from the notes provided. In addition, no supporting radiographic study is provided. Based on the above, the recommendation is not medically necessary.