

<b>Case Number:</b>	CM15-0089184		
<b>Date Assigned:</b>	05/13/2015	<b>Date of Injury:</b>	01/10/2012
<b>Decision Date:</b>	06/16/2015	<b>UR Denial Date:</b>	04/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2015

### 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 35 year old female, who sustained an industrial injury on January 10, 2012. The injured worker was diagnosed as having bunion. Treatment and diagnostic studies to date have included medication. A progress note dated March 26, 2015 provides the injured worker complains of foot pain with the left greater than the right. She reports walking on the beach with subsequent pain and inability to walk. She would like surgical intervention. Physical exam notes a slight limp, tenderness on palpation of the left foot and severe abnormality with bunion deformity and large intermetatarsal angle. The plan includes surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left Foot Bunionectomy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 377.

**Decision rationale:** On August 14, 2014, this patient visited her podiatrist with complaints of bilateral bunion pain. Patient is currently wearing a cast on her left foot for treatment of a left fifth metatarsal fracture. Patient was given naproxen for treatment at the end of this visit. On February 27, 2014 patient again visited her podiatrist complaining of left bunion pain. Patient admits that the pain is sharp, making ambulation difficult. Wearing shoes is also difficult. Physical exam reveals a severe bunion deformity left side with tenderness upon palpation to the bunion. Norco pain medication was dispensed for patient to alleviate bunion pain. On March 26, 2015 patient followed up with her podiatrist complaining of severe left foot pain. Patient relates difficulty ambulating and wearing shoes due to her left bunion deformity. Patient states that she wishes to undergo surgical correction of her left bunion. Physical exam reveals that patient walks with a limp and has tenderness upon palpation to the medial eminence of the left first metatarsal head. MTUS guidelines state that surgical correction of a bunion may be authorized if conservative measures have failed, and a first intermetatarsal angle of greater than 14 is present. The medical documentation enclosed in this chart does not advise that this patient has attempted conservative care other than oral anti-inflammatory medication as well as pain medication. There is no documentation that this patient has tried wider shoes, padding, or possibly even steroid injections to the medial Eminence area. Furthermore, I was unable to locate an x-ray report demonstrating that this patient has a first intermetatarsal angle of greater than 14. For these reasons, I do not feel that surgical correction of this bunion is medically reasonable or necessary according to MTUS guidelines.