

Case Number:	CM15-0089565		
Date Assigned:	05/13/2015	Date of Injury:	09/13/2012
Decision Date:	06/18/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/11/2015

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 68 year old female injured worker suffered an industrial injury on 09/13/2012. The diagnoses included hallus valgus. On 4/17/2015 the treating provider reported chronic right foot pain from a bunion. The treatment plan included Bunion Removal.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bunion Removal: 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: According to the progress note dated 4/ 17/15 this patient presents with right-sided foot discomfort. The patient relates that the pain is chronic. Physical exam reveals hallux valgus with pain upon ambulation. The progress notes are generally illegible. There is no mention of prior treatments or x-ray evaluation for this patient. MTUS guidelines state that in order for hallux valgus surgery or bunion surgery to be authorized conservative care must first be attempted. Conservative care includes wider shoes, padding, anti-inflammatory medications etc. Furthermore, surgery can only be recommended if the x-rays demonstrate a first intermetatarsal angle of greater than 14. There is no evidence of this in the chart note. Therefore the request is not medically necessary.

