

Case Number:	CM14-0132491		
Date Assigned:	08/22/2014	Date of Injury:	05/10/2011
Decision Date:	10/17/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/19/2014

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. The expert reviewer is Board Certified in Podiatric surgery and is licensed to practice in New York. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the enclosed information, the original date of injury for this patient was 5/10/2011. The right foot was injured with a nail gun. On 3/20/2014 patient was evaluated for right foot pain, most notable surrounding the lateral sesamoid right side. Patient has continued tenderness over the lateral sesamoid right side worse upon weight-bearing. Negative erythema negative edema is noted. Gait appeared antalgic and apropulsive. The physician recommended a lateral sesamoidectomy right side. MRI evaluation in December 2011 reveals no signs of osteomyelitis to the first MPJ area. Minor flexor hallucis longus tendinitis is noted with some mild degenerative changes to the first MPJ right side. On 5/2/2013 patient underwent x-ray evaluation which revealed no acute osseous changes or joint space abnormality right foot and mild osteopenia. Finally, a three-phase bone scan performed on 3/15/2014 was read as normal. Patient has been treated with a walking cast and compression stockings.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Foot Lateral Sesamoidectomy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.ncbi.nlm.nih.gov/pmed/1864044>Clin Orthop Relat Res. 1991 aug;(269);236-40Sesamoid disorders and treatment. An Update.Levenien EO., Author Information Abstract

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374.

Decision rationale: After careful review of the enclosed information and the pertinent MTUS guidelines for this case, it is my feeling that the decision for a right foot lateral sesamoidectomy is not medically reasonable or necessary for this patient at this time. The MTUS guidelines state that: Referral for surgical consultation may be indicated for patients who have:- Activity limitation for more than one month without signs of functional improvement - Failure of exercise programs to increase range of motion and strength of the musculature around the ankle and foot - Clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. This patient has undergone MRI evaluation, x-ray evaluation, and three-phase bone scan, all have been read as normal without any visible pathology to the lateral sesamoid right foot. Therefore, Right Foot Lateral Sesamoidectomy is not medically necessary.