MAXIMUS Federal Services

Case Number:	CM14-0160590		
Date Assigned:	10/06/2014	Date of Injury:	07/22/2013
Decision Date:	12/18/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	09/30/2014

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 Orthopaedic Surgery and is licensed to practice in California. 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:

This 52-year-old male sustained an industrial injury on 7/22/13. The mechanism of injury was not documented. The patient underwent right foot hallux metatarsophalangeal (MTP) joint fusion on 1/8/14. Post-operative progress reports indicated persistent pain and soreness with prolonged weight bearing, and point tenderness over the head of the 1st MTP lag screw medially. The 8/26/14 right foot CT scan impression documented intact hardware associated with fusion of the first MTP joint. Alignment was unchanged. There was no bony fusion visualized across the joint space. There was increased irregularity and lunacy involving the head of the first metatarsal, including some lunacy surrounding the obliquely oriented intra-articular fusion screw. There was no surrounding soft tissue swelling, fluid collection, or air in the soft tissues. Slight motion across the joint with subchondral fracture in the bone surrounding the obliquely oriented intra-articular screw could also produce this appearance. The 9/8/14 treating physician report cited continued pain about the hallux MTP joint fusion site with prolonged periods of weight bearing. Physical exam documented a well healed incision with minimal swelling about the operative site and no erythema. There was some tenderness to palpation over the head of the 1st MTP lag screw medially. There was some generalized tenderness about the fusion site. Hallux MTP motion was absent, and hallux interphalangeal joint motion was non-tender. Motor was intact. Sensation was intact but for some subjective diminished acuity to light touch about the incision site. The diagnosis was right foot hallux rigid status post hallux MTP joint arthrodesis, non-union. The treatment plan recommended right foot revision hallux MTP joint arthrodesis with possible calcaneal bone grafting. A post-op bone growth stimulator was recommended. The patient was to continue full duty work until surgery. The 9/18/14 utilization review denied the request for surgery as there was no documentation as to whether hardware had loosened. If the

hardware was not loosened, a bone growth stimulator trial would be appropriate prior to surgical intervention.

IMR ISSUES, DECISIONS AND RATIONALES

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

Possible calcaneal bone graft: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot, Fusion (Arthrodesis).

Decision rationale: The California MTUS guidelines do not provide recommendations for this procedure. The Official Disability Guidelines (ODG) recommend metatarsal fusion (arthrodesis) to treat non- or malunion of a fracture, or traumatic arthritis secondary to on-the-job injury to the affected joint. Criteria include conservative care, subjective clinical findings of pain relieved with injection, objective findings of misalignment and decreased range of motion, and imaging findings confirming arthritis, bone deformity, or non- or malunion of a fracture. Guideline criteria have been met for a revision fusion with possible bone grafting. This patient presents 8 months status post right hallux metatarsophalangeal arthrodesis with imaging evidence of non-union. CT scan findings documented some lunacy surrounding the obliquely oriented intra-articular fusion screw, with slight motion suggestive of loosening. Given the clinical and CT scan findings, this request is medically necessary.

Revision Right Hallux Metatarsophalengeal Arthrodesis: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot, Fusion (Arthrodesis).

Decision rationale: The California MTUS guidelines do not provide recommendations for this procedure. The Official Disability Guidelines (ODG) recommend metatarsal fusion (arthrodesis) to treat non- or malunion of a fracture, or traumatic arthritis secondary to on-the-job injury to the affected joint. Criteria include conservative care, subjective clinical findings of pain relieved with injection, objective findings of misalignment and decreased range of motion, and imaging findings confirming arthritis, bone deformity, or non- or malunion of a fracture. Guideline criteria have been met for a revision fusion with possible bone grafting. This patient presents 8 months status post right hallux metatarsophalangeal arthrodesis with imaging evidence of non-union. CT scan findings documented some lunacy surrounding the obliquely oriented intra-

articular fusion screw, with slight motion suggestive of loosening. Given the clinical and CT scan findings, this request is medically necessary.