

Case Number:	CM14-0165937		
Date Assigned:	10/13/2014	Date of Injury:	02/22/2012
Decision Date:	11/12/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/08/2014

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 Orthopedic 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:

The patient has chronic foot pain. The medical records do not document adequate attempts at conservative measures for treatment of her pain. There is no documentation of modification of shoes or orthotics. There is no documentation of x-rays. Physical examination does not document range of motion of the foot and forefoot joints. According to the surgeon, MRI shows erosion of the head of the metatarsal of the foot. At issue is whether foot surgeries medically necessary at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Exoslectomy of base of proximal phalpx as well as debridement of the first metatarsophalangeal joint possible fenestration with assistant surgeon-left foot: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: ODG foot and ankle chapter

Decision rationale: This patient does not meet criteria for left forefoot surgery. Specifically the medical records do not document adequate attempts at conservative measures for treatment of

foot pain. The medical records do not document x-rays of the forefoot. The medical records do not document the radiologist read of the MRI. Per guidelines, established criteria for foot surgery not met this time.