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 31-year-old male sustained an industrial injury on 5/18/13. Injury occurred when his left foot was caught in the conveyor belt while working as a packer. Initial x-rays diagnosed a closed fracture of the 4th phalanx. The 8/26/13 left foot x-rays were reported as normal with no evidence of fracture or dislocation. The 10/3/13 left foot MRI impression documented a partial tear of the 4th metatarsal phalangeal joint (MPJ) plantar plate. Findings documented the MPJ capsule was otherwise within normal limits. There was no evidence of collateral ligament sprain or tear, no significant joint effusion, and no evidence of bone marrow edema, occult fracture, or osteonecrosis. There was no articular cartilage abnormality, alignment was within normal limits, and the flexor tendons were unremarkable. There was no evidence of muscle edema or atrophy or effusion. Conservative treatment included immobilization, icing, anti-inflammatories, and work modification. Custom orthotics was discussed in the records but there was no evidence these were trialed. The 9/26/14 treating physician progress report cited continued pain underneath his left MPJ. The patient reported pain for over one year and had not had any improvement with conservative treatment. He was taking ibuprofen on a daily basis. Physical exam documented tenderness to palpation of the plantar aspect of the left 4th MPJ. The MPJ was unstable to distraction and dorsal drawer. There was mild edema and mild dorsal contracture. The patient had a semi-rigid hammertoe redeveloping to the left 4th toe. MRI findings revealed a partial plantar plate rupture of the left 4th MPJ. The treatment plan recommended surgical correction to repair the left 4th MPJ plantar plate tear, possible flexor digitorum longus tendon transfer, and proximal interphalangeal joint arthrodesis left 4th toe. The 10/15/14 utilization review denied the request for left 4th toe surgery as guideline-recommended conservative treatment was not evidenced.
IMR ISSUES, DECISIONS AND RATIONALES

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

Possible flexor digitorum longus tendon transfer: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374-375.


Decision rationale: The California MTUS guidelines recommend surgical consideration when there is activity limitation for more than one month without signs of functional improvement, and exercise programs had failed to increase range of motion and strength. Guidelines require clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long-term from surgical repair. The MTUS and Official Disability Guidelines do not specifically address these requested surgical procedures. A review of peer-reviewed literature indicates that combining plantar plate and hammertoe repair with flexor digitorum longus tendon transfer is a viable option for chronic, severe sagittal plane instability and deformity of the lesser metatarsophalangeal joints (MPJ). When a plantar plate tear is established and is unresponsive to conservative treatment, plantar plate repair is indicated to address symptoms and reestablish static joint stability. Current literature suggests outcomes of these procedures are promising, with improvements in pain and function reported along with sustained deformity correction. There is no evidence of randomized controlled, large volume, long-term studies. Guideline criteria have not been met. There is no current radiographic evidence of digital deformity. Imaging noted a partial tear of the plantar plate with alignment within normal limits. Although the treating physician has reported a failure of conservative treatment, evidence of recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. Therefore, this request is not medically necessary.

Proximal interpalangeal joint arthrodesis, left fourth toe: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374-375.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374-375. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Bouch RT, Heit EJ., Combined Plantar Plate And Hammertoe Repair With Flexor Digitorum Longus Tendon Transfer for Chronic, Severe Sagittal Plane Instability of the Lesser Metatarsophalangeal Joints: Preliminary Observations. J Foot Ankle Surg.
Decision rationale: The California MTUS guidelines recommend surgical consideration when there is activity limitation for more than one month without signs of functional improvement, and exercise programs had failed to increase range of motion and strength. Guidelines require clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long-term from surgical repair. The MTUS and Official Disability Guidelines do not specifically address these requested surgical procedures. A review of peer-reviewed literature indicates that combining plantar plate and hammertoe repair with flexor digitorum longus tendon transfer is a viable option for chronic, severe sagittal plane instability and deformity of the lesser metatarsophalangeal joints (MPJ). When a plantar plate tear is established and is unresponsive to conservative treatment, plantar plate repair is indicated to address symptoms and reestablish static joint stability. Current literature suggests outcomes of these procedures are promising, with improvements in pain and function reported along with sustained deformity correction. There is no evidence of randomized controlled, large volume, long-term studies. Guideline criteria have not been met. There is no current radiographic evidence of digital deformity. Imaging noted a partial tear of the plantar plate with alignment within normal limits. Although the treating physician has reported a failure of conservative treatment, evidence of recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. Therefore, this request is not medically necessary.

Left 4th metatarsal phalangeal joint repair: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374-375.


Decision rationale: The California MTUS guidelines recommend surgical consideration when there is activity limitation for more than one month without signs of functional improvement, and exercise programs had failed to increase range of motion and strength. Guidelines require clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long-term from surgical repair. The MTUS and Official Disability Guidelines do not specifically address these requested surgical procedures. A review of peer-reviewed literature indicates that combining plantar plate and hammertoe repair with flexor digitorum longus tendon transfer is a viable option for chronic, severe sagittal plane instability and deformity of the lesser metatarsophalangeal joints (MPJ). When a plantar plate tear is established and is unresponsive to conservative treatment, plantar plate repair is indicated to address symptoms and reestablish static joint stability. Current literature suggests outcomes of these procedures are promising, with
improvements in pain and function reported along with sustained deformity correction. There is no evidence of randomized controlled, large volume, long-term studies. Guideline criteria have not been met. There is no current radiographic evidence of digital deformity. Imaging noted a partial tear of the plantar plate with alignment within normal limits. Although the treating physician has reported a failure of conservative treatment, evidence of recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. Therefore, this request is not medically necessary.