

Case Number:	CM14-0097890		
Date Assigned:	09/16/2014	Date of Injury:	11/10/2012
Decision Date:	10/15/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	06/26/2014

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 Texas. 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 injured worker is a 63-year-old female who sustained an industrial injury on 11/10/12, relative to a trip and fall. The injury was reported to the knees, feet, shoulders, and arm. Past surgical history was positive for bilateral total knee replacement in early 2013. The 5/5/14 treating physician report stated that the worker had degenerative changes in the right big toe metatarsophalangeal joint. She had been treated conservatively, but her condition has not improved. The steroid injection made no difference. She had a hard time putting on shoes with heels and wearing tight shoes. Significant discomfort and pain were reported with prolonged weight bearing. X-rays revealed significant degenerative changes to the right big toe. The arc of motion was very limited. The treating physician requested authorization to perform an arthroplasty of the metatarsophalangeal joint of her right big toe. The 5/27/14 treating physician report documented arc of motion was about 30 degrees. There was a large spur of the metatarsophalangeal head of the right 1st toe. X-rays of the right toes were performed on 6/5/14. The findings documented mild degenerative change of the 1st metatarsophalangeal joint with dystrophic calcifications. There was a mild hallux deformity with a small soft tissue and osseous bunion. There were extensive degenerative changes within the midfoot. The 6/9/14 utilization review denied the request for right foot surgery as the radiology report from 6/5/14 indicated mild degenerative change which was consistent with the radiology report of August 2013 which showed mild arthritis but not consistent with the treating physician report that noted severe arthritis. There was no significant spur noted on the radiology report and no clinical documentation of any painful bunion or significant clinical bunion deformity. The 6/13/14 treating physician appeal letter stated there were degenerative changes in the metatarsophalangeal joint of the right foot. This was documented by x-ray and confirmed by the radiologist report. There was significant loss of range of motion of the joint. There was spurring

and tenderness. She had failed a steroid injection which only gave her temporary relief. Authorization for an arthroplasty was again requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Foot Metatarsophalangeal Arthroplasty: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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, Arthroplasty

Decision rationale: The Chronic Pain Medical Treatment Guidelines do not provide specific recommendations for metatarsophalangeal arthroplasty. The Official Disability Guidelines stated that arthroplasty is under study for end-stage degenerative disease of the first metatarsophalangeal joint. Guideline criteria have not been met. There is no radiographic evidence that this worker had end-stage degenerative disease. There is no detailed documentation that recent comprehensive pharmacologic and non-pharmacologic conservative treatment had been tried and failed. Therefore, this request is not medically necessary.

Foot Cheilectomy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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: Academy of Ambulatory Foot and Ankle Surgery. Hallux limitus and hallux rigidus. Philadelphia (PA): Academy of Ambulatory Foot and Ankle Surgery; 2003. 6 p.

Decision rationale: The Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines do not provide specific recommendations for this procedure. The Academy of Ambulatory Foot and Ankle Surgery provide guidelines for hallux rigidus. Cheilectomy is supported as an option for workers who fail non-surgical treatments, and are unable to wear shoes or perform normal activities. Non-surgical treatment should include padding the area, injection therapy, shoe modification, oral analgesics, anti-inflammatory medications, physical therapy, and orthotic therapy. Guideline criteria have not been met. There is radiographic evidence of a mild hallux deformity with a small soft tissue and osseous bunion. There is no detailed documentation that recent comprehensive guideline-recommended conservative treatment had been tried and failed. Therefore, this request is not medically necessary.

