

Case Number:	CM14-0210512		
Date Assigned:	12/23/2014	Date of Injury:	03/11/2014
Decision Date:	02/28/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/16/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Orthopedic Surgery

CLINICAL CASE SUMMARY

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

60 year old claimant with reported industrial injury of 3/11/14. Exam note 5/29/14 demonstrates ongoing pain in the right ankle radiating to the medial aspect of the right knee. Obvious limp is noted in the records. Exam note 6/11/14 demonstrates pain about the right ankle joint and tingling of the foot. MRI of the right foot demonstrates strain of posterior tibial tendon and talar contusion. Exam note 11/7/14 demonstrates pain in the right great toe due to abnormal gait. 20 degrees of motion was noted in the right great metatarsophalangeal joint was noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Great Toe MP Joint Fusion: Upheld

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

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

Decision rationale: CA MTUS/ACOEM Chapter 14, page 374 states that surgical considerations for foot and ankle conditions may be indicated for patients who have: activity

limitation for more than one month with a failed exercise program and clear clinical and imaging evidence of a lesion shown to be of benefit in both the short and long term from surgical repair. In this case the exam note from 11/7/14 does not demonstrate a failure of conservative care to warrant the requested great toe MP joint fusion. Therefore the determination is for non-certification.