

Case Number:	CM15-0123194		
Date Assigned:	08/07/2015	Date of Injury:	09/23/2009
Decision Date:	09/04/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/26/2015

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, New York
 Certification(s)/Specialty: Podiatrist

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 50 year old female, who sustained an industrial injury on 9-23-2009. The injured worker fell into a stairway impacting both knees. The injured worker has a past medical history of: hypothyroidism, obesity, multiple traumas including motor vehicle accidents dating from 2005 to the present, osteoarthritis of the knee bilateral, right total knee replacement, left lumbar-sacral radiculopathy, heel pain, fasciitis, Morton neuroma of the left foot. The injured worker was diagnosed as having plantar fasciitis, hallux valgus and a bunion deformity, left foot. X ray showed osteopenia and a consistent shape of cystoid defect. Treatment to date has included physical therapy and medical management. In a progress note dated 5-21-2015, the injured worker complains of left greater than right pain in the left heel. Physical examination showed tenderness of the medial fascial insertion with local edema and tenderness, edematous, erythematous prominent enlarged medial eminence, left foot. The treating physician is requesting one left osteotomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Left osteotomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 377.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ankle and Foot Complaints, 9792. 23.7., Chapter 14, Surgical Considerations, Table 14-6 Page(s): 7, 361, 374-75, 377.

Decision rationale: The intent of treatment is to provide relief of symptoms for the injured workers affected left foot. The stated guidelines specify the application of conservative measures, specifically therapeutic footwear, prior to the utilization of surgical procedure. There is no documentation to support the application of the prescribed conservative measure in the management of this patient. The MTUS guidelines detail that a bunion deformity demonstrate an intermetatarsal angle of 14 degrees or greater, to certify the need for an osteotomy at the first metatarsal head. A 14 degree or greater intermetatarsal angle is not documented in the medical record. The MTUS guidelines do not support certification of an osteotomy procedure for this injured worker. The requested osteotomy of the left foot is not medically necessary.