

<b>Case Number:</b>	CM15-0124097		
<b>Date Assigned:</b>	07/08/2015	<b>Date of Injury:</b>	08/02/1989
<b>Decision Date:</b>	08/05/2015	<b>UR Denial Date:</b>	06/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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, Indiana, Oregon  
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:

The injured worker (IW) is a 63 year old male who sustained an industrial injury on 08/02/1989. The mechanism of injury and initial report of injury are not found in the records reviewed. The injured worker was diagnosed as having acute capsulitis and hammertoe. Treatment to date has included medications. Currently, the injured worker complains of a painful second toe on the right foot and pain in ball of foot. Objective findings include a hammer toe of 2nd toe right foot with metatarsophalangeal joint capsulitis. Medications include Soma, Baclofen, and Voltaren gel. The treatment plan of care is for surgery to correct the hammertoe. Requests for authorization were made for the following: 1. Outpatient surgery hammertoe repair and 2. Outpatient surgery osteotomy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient surgery hammertoe repair:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines(ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) foot.

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of hammertoes. According to the cited ODG reference, there should be examples of failed treatment. ODG states, nonsurgical management includes, Nonsurgical Treatment (at least 2 of 6): 1. Padding; 2. Orthotic devices or shoe insole modifications; 3. Debridement of associated hyperkeratotic lesions; 4. Corticosteroid injection; 5. Taping; 6. Footwear changes (wider and/or deeper toe box). In this case, the records of 5/19/15 do not support that any of these treatments have been performed preliminarily. Based on this the request is not medically necessary.

**Outpatient surgery osteotomy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines(ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) foot.

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of hammertoes. According to the cited ODG reference, there should be examples of failed treatment. ODG states, nonsurgical management includes, Nonsurgical Treatment (at least 2 of 6): 1. Padding; 2. Orthotic devices or shoe insole modifications; 3. Debridement of associated hyperkeratotic lesions; 4. Corticosteroid injection; 5. Taping; 6. Footwear changes (wider and/or deeper toe box). In this case, the records of 5/19/15 do not support that any of these treatments have been performed preliminarily. Based on this the request is not medically necessary.