

<b>Case Number:</b>	CM15-0070993		
<b>Date Assigned:</b>	04/21/2015	<b>Date of Injury:</b>	03/01/2015
<b>Decision Date:</b>	05/26/2015	<b>UR Denial Date:</b>	03/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2015

### 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: Minnesota, Florida  
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 is a 44 year old male who sustained an industrial injury on 03/01/2015. Current diagnosis includes left foot fracture, second toe. Previous treatments included medication. Previous diagnostic studies included an x-ray. Initial complaints included left second toe injury after a board fell on top of his toe causing immediate bruising and pain. Report dated 03/12/2015 noted that the injured worker presented with complaints that included toe pain and swelling. Pain level was not included. Physical examination was positive for abnormal findings. The treatment plan included Anaprox and Ultram. Disputed treatments include left foot, toe surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left foot toe surgery:** 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 ODG: Section: Ankle and Foot, Topic: open reduction internal fixation.

**Decision rationale:** ODG guidelines recommend open reduction and internal fixation as an option for fractures that are displaced and comminuted or an open fracture with bone protrusion. However, a closed fracture of the distal phalanx of the second toe is not likely to need open reduction and internal fixation. The provider has requested closed treatment of the fracture and not surgery as was initially requested. Documentation indicates that the fracture was treated by taping which is appropriate for this type of injury. As such, the request for open reduction and internal fixation is not medically necessary.