

<b>Case Number:</b>	CM14-0033165		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	03/01/1999
<b>Decision Date:</b>	08/06/2014	<b>UR Denial Date:</b>	02/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2014

### 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 California. 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 claimant is 64-year-old female injured on March 1, 1999. The records available for review document a right hallux varus acquired and a late effective fracture of the lower extremities. The claimant underwent a right, second metatarsal osteotomy with plantar plate repair on June 28, 2012. At a February 2, 2014, follow-up visit, the claimant was noted to have made slight improvement. Physical examinations showed point tenderness in the right dorsal first metatarsophalangeal joint. Plain film radiographs showed mild hallux varus deformity with degenerative joint disease of the right foot. Conservative care has included the use of an orthotic, physical therapy and an injection. This request is for a right greater toe joint debridement, a post-operative walking boot and post-operative X-rays.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right great toe joint debridement:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374-375.

**Decision rationale:** Under California MTUS ACOEM Guidelines, the request for right greater toe joint debridement would not be indicated. The reviewed records state that the claimant is improving with therapy and the use of orthotics. There is no documentation of functional or vocational restrictions or difficulties with activities of daily living. There is no diagnostic study showing a lesion or pathology that would require surgical intervention. Finally, the records do not document treatment with anti-inflammatory medications, recent physical therapy or a home exercise program. The ACOEM Guidelines recommend clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair prior to consideration for surgery. Absent imaging studies, difficulties with activities or treatment with other conservative therapies, this request would not be established as medically necessary under guidelines criteria.

**Post-operative walking boot:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Post-operative X-rays:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.