California Orthopaedic Association

Utilization Review Checklist

BUNIONS / HALLUX VALGUS

This checklist is intended to help orthopaedic surgeons document important factors for utilization reviewers (UR) when determining the medical necessity for this procedure(s). The checklists, developed by members of COA's Workers' Compensation Committee, will help our members anticipate what questions Utilization Reviewers will need to have documented in order for them to make more informed decisions. COA cannot guarantee that if you document the below issues, the procedure(s) will be approved, but it should help clarify the conservative treatment that the injured worker may have received, the results of the diagnostic imaging tests, and why you believe surgery is indicated.

Please remember that medical treatment requests should be based on the DWC's Medical Treatment Utilization Schedule (MTUS) http://www.dir.ca.gov/dwc/mtus/mtus_regulationsguidelines.html whenever possible as the MTUS guidelines are presumed correct. If the procedure is not covered by MTUS, you are able to utilize other nationally-recognized treatment guidelines such as ACOEM or ODG. You can utilize other high quality guidelines to document medical necessity.

Attach the below checklist along with a copy of the research justifying the procedure to your Request for Authorization (RFA). Having a summary of care to date to add to the checklist facilitates approval.

WORKERS' COMPENSATION UTILIZATION REVIEW CHECK LIST

BUNIONS / HALLUX VALGUS

Patient name: _____

Claim number: _____

	Check if present
MTUS – ACOEM Guidelines are not applicable to this case	
DIAGNOSIS	
Clinical history and examination	
X-Ray	
CONSERVATIVE TREATMENT	
Shoewear modification	
Orthotics	

Surgery for Hallux Valgus

Recommended. Surgery is recommended for Hallux Valgus.

Strength of Evidence – **Recommended, Evidence (C)**
Level of Confidence – **Low**

Indications – Select cases of mostly moderate hallux valgus where pain and/or debility are significant and changing shoe wear and orthotics fail to sufficiently control symptoms. However, some evidence suggests better outcomes with milder cases and those cases should have pain clearly localized to the bunion prominence while also demonstrating inadequate relief with shoe wear adjustments. (Deenik 08)
Rationale – There is one moderate quality trial comparing surgery (chevron procedure) with orthosis with no treatment and found the best results with surgery. (Torkki 01) There are no other quality sham-controlled trials or comparative trials with non-operative treatments. There are many comparative trials comparing operative approaches. (Pentikainen 15, 12; Glazebrook 14; Matricali 14; Park 13a,b; Faber 13; Windhagen 13; Giannini 13; Radwan 12; Klos 11; Deenik 08, 07; Saro 07; Easley 96; Resch 94; Klosok 93) The moderate quality comparative study reported osteotomy was superior to either orthotics or no treatment. Thus, surgery is recommended where non-operative approaches are insufficient.

Evidence – There is 1 moderate-quality RCT incorporated into this analysis.