

<b>Case Number:</b>	CM13-0014343		
<b>Date Assigned:</b>	10/02/2013	<b>Date of Injury:</b>	05/04/2010
<b>Decision Date:</b>	02/11/2014	<b>UR Denial Date:</b>	07/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine 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 physician 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.

### 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 worker's right foot was injured by a falling meter door on May 4, 2010. Films were negative for fracture. Pain increased several weeks later. A June 10 MRI (after a fall) showed no acute fracture, probable old healed second metatarsal fracture and mild edema around the third metatarsal head. The foot was casted, then placed in a boot. A Workers Compensation physician treated with orthotics and cortisone injections. An Orthopedist referred him to Podiatry for surgical consultation in September 2012. He had also received a course of physical therapy by the time of referral. Circulatory, skin and nail, musculoskeletal and neurologic exam were within normal limits, with normal strength, sympathetic tone and hidrosis. Gait was altered, toe walking limited by pain, with forefoot and interspace pain and tenderness reported. Diagnosis was Morton's neuroma of second, third and fourth interspaces, neuritis, crush injury and painful gait. Neuromas were excised at interspaces two, three and four, with intermetatarsal nerve decompression. Postsurgical care included physical therapy. Follow-up visit June 4, 2013 reports some improvement in second and 3rd interspace, but significant residual pain and scarring at the fourth interspace. Skin, circulatory and neurologic examination of the foot was again normal with no evidence of Reflex sympathetic dystrophy (RSD). The worker was full weightbearing with 5/5 strength and good range of motion. He was diagnosed with noncompliance, neuritis and crush injury. Treatment recommended included massage and iontophoresis. Certification for injection therapy, topical cream, requested due to gastric upset, and orthotics was requested. Orthopedics prescribed Orthostim on July 10, 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**injection therapy to the right foot:** Overturned

**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:** The ACOEM guidelines for management of neuroma caution that surgery is not always effective because the surgeon may not be able to find the neuroma and excise it. The guidelines also note that invasive techniques, such as cortisone injections into the foot, have no proven value, with the exception of a Morton's neuroma or heel spur if four to six weeks of conservative therapy is ineffective. The injured worker's surgery failed at interspace four with success at interspace two and three. The possibility of a residual Morton's neuroma that was not excised can be considered. More than four to six weeks of conservative treatment have elapsed since the postsurgical period. The worker, while functionally improved and working full time, continues to be symptomatic. Therefore, request for injection therapy to the right foot is medically necessary appropriate.