

<b>Case Number:</b>	CM14-0008577		
<b>Date Assigned:</b>	02/12/2014	<b>Date of Injury:</b>	08/01/2009
<b>Decision Date:</b>	06/24/2014	<b>UR Denial Date:</b>	12/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2014

### 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 Orthopaedic Surgery and is licensed to practice in Mississippi. 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 injured worker is a 51-year-old individual with a date of injury of August 1, 2009. The mechanism of injury is not disclosed. The injured worker has been diagnosed with pain and swelling of the first metatarsophalangeal joint. Previous treatment has included a sesamoid excision and reconstructive surgery on February 20, 2013. X-rays have demonstrated stable fixation and correction of the deformity. A progress note from October 2013 indicates a flare of symptoms in the great toe with edema in the first metatarsophalangeal joints and noted discoloration. Tenderness over the dorsum of the great toe is reported, and topical analgesics were provided. MR recent progress note dated 11/11/13 is provided for review indicating that the injured worker reports a flare of pain, rated 10/10 in the great toe. Discoloration at the end of the day continues to be reported. Physical examination reveals edema in the area of the first metatarsophalangeal joint of the left foot with discoloration, and pain with slight palpation overlying the incision of the great toe. The pain radiates to the distal to. Tenderness is noted with range of motion, plantarflexion, and dorsiflexion. The treatment recommendation is for topical pain cream and a request for pain management consultation for long-term pain control. This request was previously reviewed with the decision for non-certification on December 30, 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NEUROMA INJECTION TIMES SIX (6) FOR THE LEFT FOOT: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle and Foot Chapter (acute & chronic) and Low Back Chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): TABLE 14-6.

**Decision rationale:** The progress note provided for review includes no documentation of a diagnosis of a neuroma, and insufficient subjective documentation to support the diagnosis. Additionally, the treatment recommendation provides no narrative or discussion to substantiate the medical necessity of 6 injections, rather than one. Furthermore, the type of injection is not noted on the request or in the medical record. In the absence of clinical signs and physical examination that supports the diagnosis for which the proposed procedure has been requested, and documentation of the medical necessity of six (6) injections (rather than a one (1)); and, when recognizing that the majority of guidelines supported therapies require objective documentation evidencing functional improvement with the prior treatment, to support additional and ongoing treatments of the same type, this request is not certified.