

Case Number:	CM14-0160305		
Date Assigned:	10/14/2014	Date of Injury:	10/31/2012
Decision Date:	11/17/2014	UR Denial Date:	09/06/2014
Priority:	Standard	Application Received:	09/30/2014

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:

46-year-old female claimant with an industrial injury dated 10/31/12. The patient is status post neuroma decompression of the 2nd and 3rd intermetatarsal space right foot, and intermetatarsal nerve compression. The patient is also status post 23 physical therapy sessions. Exam note 07/11/14 states the patient returns with right foot pain. The patient underwent nerve decompression of the #2 intermetatarsal nerve and decompression of the neuroma #2 and #3. Exam note 08/19/14 states the patient continues to have right foot pain. Upon physical exam the wound was slightly open and tender. The patient had hypersensitivity and pain of the wound area. Diagnosis was noted as neuroma recurrence of the right foot. Treatment includes additional physical therapy sessions due to the residual scar tissue.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative physical therapy 3 times a week for 8 weeks for right foot: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: 1. Villas, C, et.al. Neurectomy versus neurolysis for Morton's neuroma. Foot Ankle Int. 2008 Jun; 29(6): 579-80. 2. Jain, S, et.al. The diagnosis and management of Morton's neuroma: a literature review. Foot Ankle Spec; 2013 Aug; 6(4): 307-17. 3. Gurdezi, S, et.al. Alcohol injections for Morton's neuroma: a five year follow-up. Foot Ankle Int. 2013 Aug; 34(8): 1064-7. 4. [http://www.odg-twc.com/odgtwc/ankle.htm/morton's neuroma treatment](http://www.odg-twc.com/odgtwc/ankle.htm/morton's%20neuroma%20treatment).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: CA MTUS/Chronic Pain Medical Treatment Guidelines, Physical Medicine, page 98-99 recommends for neuralgia, neuritis and radiculitis 8-10 visits over 4 weeks. As the requested physical therapy exceeds the recommendation, the request is not medically necessary.