

<b>Case Number:</b>	CM14-0174378		
<b>Date Assigned:</b>	10/28/2014	<b>Date of Injury:</b>	02/02/2006
<b>Decision Date:</b>	12/04/2014	<b>UR Denial Date:</b>	10/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2014

### 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:

According to the records made available for review, this is a 48-year-old female with a 2/2/06 date of injury. At the time (9/16/14) of request for authorization for Left foot plantar plate repair quantity 1.00, Weil Osteotomy at the fourth metatarsal, left foot quantity 1.00, Possible excision of Morton neuroma, left foot quantity 1.00, and Post-operative Physical Therapy, unspecified frequency and duration, left foot, quantity 12.00, there is documentation of subjective (ongoing pain near the fourth metatarsal head with a popping sensation) and objective (left foot tenderness to palpation over the plantar surface of the fourth metatarsal head) findings, imaging findings (reported MRI of the left foot (7/2/14) revealed minimal changes increased fluid within the third and fourth metatarsal heads; report not available for review), current diagnoses (left foot metatarsalgia with plantar plate injury and possible Morton's neuroma), and treatment to date (cortisone injection to the left foot between the fourth and fifth metatarsal heads with temporary relief, metatarsal pads, CAM walker boot, rest, stretching exercises). Medical report identifies a request for plantar plate repair with Weil osteotomy at the fourth metatarsal and possible excision of Morton's neuroma. There is no documentation of use of toe separators and a condition/diagnosis (with supportive subjective/objective findings) for which a plantar plate repair with Weil osteotomy is indicated (an unstable, or multiple unstable metatarsophalangeal joints, with degenerative rupture/plantar plate tear).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left foot planta plate repair quantity 1.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation ODG, Ankle & Foot

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot, Surgery for Morton's neuroma Other Medical Treatment Guideline or Medical Evidence: ([http://www.footanklesurgery-journal.com/article/S1268-7731\(07\)00019-7/abstract](http://www.footanklesurgery-journal.com/article/S1268-7731(07)00019-7/abstract))

**Decision rationale:** MTUS reference to ACOEM guidelines identifies documentation of persistent pain in a web space despite using toe separators, along with temporary relief from local cortisone injections, as criteria necessary to support the medical necessity of a neuroma excision. ODG identifies documentation of failure of 6-8 months of conservative treatment (change in shoe types, change or limitation in activities, and use of metatarsal pads), as criteria necessary to support the medical necessity of surgery for Morton's neuroma. Medical Treatment Guideline identifies documentation of a condition/diagnosis (with supportive subjective/objective findings) for which a plantar plate repair with Weil osteotomy is indicated (such as: an unstable, or multiple unstable metatarsophalangeal joints, with degenerative rupture/plantar plate tear). Within the medical information available for review, there is documentation of diagnoses of left foot metatarsalgia with plantar plate injury and possible Morton neuroma. In addition, there is documentation of a request for plantar plate repair with Weil osteotomy at the fourth metatarsal and possible excision of Morton's neuroma. Furthermore, there is documentation of persistent pain in a web space, along with temporary relief from local cortisone injections, and failure of conservative treatment (change in shoe types (CAM boot), change or limitation in activities (rest and stretching exercises), and use of metatarsal pads). However, there is no documentation of use of toe separators. In addition, despite documentation of subjective (ongoing pain near the fourth metatarsal head with a popping sensation) and objective (left foot tenderness to palpation over the plantar surface of the fourth metatarsal head) findings, and given documentation of imaging findings (reported MRI of the left foot identifying minimal changes of increased fluid within the third and fourth metatarsal heads), there is no documentation of a condition/diagnosis (with supportive subjective/objective findings) for which a plantar plate repair with Weil osteotomy is indicated (an unstable, or multiple unstable metatarsophalangeal joints, with degenerative rupture/plantar plate tear). Therefore, based on guidelines and a review of the evidence, the request for Left foot plantar plate repair quantity 1.00 is not medically necessary.

**Weil Osteotomy at the fourth metatarsal, left foot quantity 1.00: 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): 375. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot, Surgery for Morton's neuroma Other Medical Treatment Guideline or Medical Evidence: ([http://www.footanklesurgery-journal.com/article/S1268-7731\(07\)00019-7/abstract](http://www.footanklesurgery-journal.com/article/S1268-7731(07)00019-7/abstract))

**Decision rationale:** MTUS reference to ACOEM guidelines identifies documentation of persistent pain in a web space despite using toe separators, along with temporary relief from local cortisone injections, as criteria necessary to support the medical necessity of a neuroma excision. ODG identifies documentation of failure of 6-8 months of conservative treatment (change in shoe types, change or limitation in activities, and use of metatarsal pads), as criteria necessary to support the medical necessity of surgery for Morton's neuroma. Medical Treatment Guideline identifies documentation of a condition/diagnosis (with supportive subjective/objective findings) for which a plantar plate repair with Weil osteotomy is indicated (such as: an unstable, or multiple unstable metatarsophalangeal joints, with degenerative rupture/plantar plate tear). Within the medical information available for review, there is documentation of diagnoses of left foot metatarsalgia with plantar plate injury and possible Morton neuroma. In addition, there is documentation of a request for plantar plate repair with Weil osteotomy at the fourth metatarsal and possible excision of Morton's neuroma. Furthermore, there is documentation of persistent pain in a web space, along with temporary relief from local cortisone injections, and failure of conservative treatment (change in shoe types (CAM boot), change or limitation in activities (rest and stretching exercises), and use of metatarsal pads). However, there is no documentation of use of toe separators. In addition, despite documentation of subjective (ongoing pain near the fourth metatarsal head with a popping sensation) and objective (left foot tenderness to palpation over the plantar surface of the fourth metatarsal head) findings, and given documentation of imaging findings (reported MRI of the left foot identifying minimal changes of increased fluid within the third and fourth metatarsal heads), there is no documentation of a condition/diagnosis (with supportive subjective/objective findings) for which a plantar plate repair with Weil osteotomy is indicated (an unstable, or multiple unstable metatarsophalangeal joints, with degenerative rupture/plantar plate tear). Therefore, based on guidelines and a review of the evidence, the request for Weil Osteotomy at the fourth metatarsal, left foot quantity 1.00 is not medically necessary.

**Possible excision of Morton neuroma, left foot quantity 1.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation ODG, Ankle & Foot

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot, Surgery for Morton's neuroma Other Medical Treatment Guideline or Medical Evidence: ([http://www.footanklesurgery-journal.com/article/S1268-7731\(07\)00019-7/abstract](http://www.footanklesurgery-journal.com/article/S1268-7731(07)00019-7/abstract))

**Decision rationale:** MTUS reference to ACOEM guidelines identifies documentation of persistent pain in a web space despite using toe separators, along with temporary relief from local cortisone injections, as criteria necessary to support the medical necessity of a neuroma excision. ODG identifies documentation of failure of 6-8 months of conservative treatment (change in shoe types, change or limitation in activities, and use of metatarsal pads), as criteria necessary to support the medical necessity of surgery for Morton's neuroma. Medical Treatment Guideline identifies documentation of a condition/diagnosis (with supportive subjective/objective findings) for which a plantar plate repair with Weil osteotomy is indicated

(such as: an unstable, or multiple unstable metatarsophalangeal joints, with degenerative rupture/plantar plate tear). Within the medical information available for review, there is documentation of diagnoses of left foot metatarsalgia with plantar plate injury and possible Morton neuroma. In addition, there is documentation of a request for plantar plate repair with Weil osteotomy at the fourth metatarsal and possible excision of Morton's neuroma. Furthermore, there is documentation of persistent pain in a web space, along with temporary relief from local cortisone injections, and failure of conservative treatment (change in shoe types (CAM boot), change or limitation in activities (rest and stretching exercises), and use of metatarsal pads). However, there is no documentation of use of toe separators. In addition, despite documentation of subjective (ongoing pain near the fourth metatarsal head with a popping sensation) and objective (left foot tenderness to palpation over the plantar surface of the fourth metatarsal head) findings, and given documentation of imaging findings (reported MRI of the left foot identifying minimal changes of increased fluid within the third and fourth metatarsal heads), there is no documentation of a condition/diagnosis (with supportive subjective/objective findings) for which a plantar plate repair with Weil osteotomy and possible excision of Morton neuroma is indicated (an unstable, or multiple unstable metatarsophalangeal joints, with degenerative rupture/plantar plate tear). Therefore, based on guidelines and a review of the evidence, the request for Possible excision of Morton neuroma, left foot quantity 1.00 is not medically necessary.

**Post-operative Physical Therapy, unspecified frequency and duration, left foot, quantity 12.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 13.

**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.