

Case Number:	CM14-0175017		
Date Assigned:	10/28/2014	Date of Injury:	06/17/2013
Decision Date:	12/04/2014	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	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 Minnesota. 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 56 year old male with a history of trauma to the left foot on 6/17/2013 resulting in fractures of the bases of the 2nd and 3rd metatarsals. The fractures are well healed per CT findings. However, the worker has pain in the forefoot as well as the plantar fascia as far back as the calcaneus. The clinical diagnosis of neuromas of the forefoot involving the second and third interspaces is noted along with plantar fasciitis. No supporting records of prior injections, therapy, orthotic use, or reports of imaging studies are available. The disputed request pertains to surgery for excision of neuromas of the second and third interspaces and associated requests for an assistant surgeon and post-operative pneumatic compression device. The UR recommended non-certification for lack of objective evidence of a lesion that is known to benefit from surgery and lack of records pertaining to conservative care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: excision of neuroma with intermetatarsal nerve decompression of the second and third interspace.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Integrated Treatment/Disability Duration Guidelines; Ankle & Foot (Acute & Chronic) (updated 7/29/14)

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) Section; Ankle and foot. Topic: Surgery for Morton's Neuroma

Decision rationale: The injured worker sustained closed fractures of the bases of the second and third metatarsals on 06/17/2013. The fractures are healed and he is weight bearing with normal shoes. The request is for excision of neuromas of the 2nd and 3rd interspaces. However, there is no objective evidence submitted supporting the necessity of such a procedure. He has generalized pain in the forefoot as well as the heel. Imaging studies are not submitted. No records pertaining to prior use of orthotics or injections or the response to such treatment are submitted. A fracture of the base of the 2nd metatarsal may be a manifestation of Lisfranc injury. The CT report is not submitted. California MTUS guidelines recommend surgical removal of a Morton's neuroma if pain is localized to the web space and there is temporary relief with local cortisone injections. ODG guidelines necessitate 6-8 months of conservative treatment including change in shoe types that are reported to result in neuroma like symptoms, change or limitation of activities that are reported to result in neuroma like symptoms, use of metatarsal pads placed proximal to the metatarsal heads, and alcohol injection of the Morton's neuroma. If there is doubt about the diagnosis additional studies including an MRI may be helpful. The documentation provided does not satisfy the surgery criteria listed above. Therefore the surgery as requested is not medically necessary.

Associated surgical service: assistant surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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.

Associated surgical service: post-operative pneumatic compressor non-segmental: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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.