

Case Number:	CM14-0176775		
Date Assigned:	10/30/2014	Date of Injury:	12/15/2011
Decision Date:	12/12/2014	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	10/24/2014

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:

This is a 57-year-old female with a 12/15/11 injury date. She was injured when a dolly ran over her right foot. In a 9/22/14 follow-up, subjective findings included continued pain in the second interspace of her right foot and right heel pain. The doctor noted that the diagnosis of neuroma and plantar fasciitis have been confirmed by MRI. Objective findings included hypersensitivity with a tuning fork placed over the second interspace of the right foot, less than 90 degrees of ankle dorsiflexion, pain on palpation of the insertion of the right plantar fascial tendon, pain along the mid-arch area, a reproducible sharp pain with medial and lateral heel compression, and pain with direct pressure on the plantar fascial tendon. There was pain on palpation of the second interspace, and slight popping and clicking and shooting pain sensation with medial and lateral compression of the forefoot. Right foot x-rays showed mild forefoot degenerative changes. Diagnostic impression: right foot neuroma, plantar fasciitis. Treatment to date: physical therapy, orthotics, NSAIDS, pain medications. A UR decision on 10/15/14 denied the request for right foot neuroma excision with plantar fascia release but the rationale was not included in the documentation. The requests for EKG, lab work, and medical clearance were denied because the associated surgical procedures were not certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: 1 Electrocardiogram: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, 2nd Edition, Chapter 7 - Independent Medical Examinations and Consultations.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Low Back Chapter--Pre operative EKG and lab testing.

Decision rationale: CA MTUS does not address this issue. ODG states that electrocardiography is recommended for patients undergoing high-risk surgery and those undergoing intermediate-risk surgery who have additional risk factors. Patients undergoing low-risk surgery do not require electrocardiography. A pre-op EKG is warranted in this 57 year old patient. Therefore, the request for associated surgical service: 1 Electrocardiogram is medically necessary.

Associated surgical service: 1 Preoperative laboratory work: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, 2nd Edition, Chapter 7 - Independent Medical Examinations and Consultations.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Low Back Chapter--preoperative EKG and lab testing.

Decision rationale: CA MTUS does not address this issue. ODG states that pre-op testing can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. Pre-operative laboratory work is warranted in this 57 year old patient. Therefore, the request for associated surgical service: 1 Preoperative laboratory work is medically necessary.

Associated surgical service: 1 Medical/surgical clearance: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, 2nd Edition, Chapter 7 - Independent Medical Examinations and Consultations.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: ACC/AHA 2007 Guidelines on perioperative cardiovascular evaluation and care for noncardiac surgery.

Decision rationale: CA MTUS does not address this issue. The ACC/AHA 2007 Guidelines on perioperative cardiovascular evaluation and care for non-cardiac surgery state that in the asymptomatic patient, a more extensive assessment of history and physical examination is warranted in those individuals 50 years of age or older. A preoperative medical evaluation is warranted in this 57 year old patient. Therefore, the request for associated surgical service: 1 Medical/surgical clearance is medically necessary.

1 Excision of Neuroma of the Right Foot with Endoscopic Plantar Fascial Release:
Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines- Treatment for Workers' Compensation, Chapter: Ankle and Foot, Surgery for Morton's neuroma.

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 Chapter--Surgery for plantar fasciitis, Surgery for Morton's neuroma.

Decision rationale: CA MTUS does not address plantar fascia release. ODG states that generally, surgical intervention may be considered in severe cases when other treatment fails. In recalcitrant cases, entrapment of the first branch lateral plantar nerve should be suspected, and surgical release of this nerve can be expected to provide excellent relief of pain and facilitate return to normal activity. Surgical treatment is considered in only a small subset of patients with persistent, severe symptoms refractory to nonsurgical intervention for at least 6 to 12 months. CA MTUS does not address the issue of Morton's neuroma. ODG generally recommends surgery for Morton's neuroma. Morton's neuroma is a common cause of metatarsalgia caused by intermetatarsal digital nerve thickening. Postoperatively, 82% report excellent or good results. With conservative treatment, high-heeled and narrow shoes should be avoided, and the use of a metatarsal pad orthotic device can help keep pressure off the nerve, but the success rate for nonsurgical management is only about 20-30%. Surgical care for Morton neuroma involves a few different options for either decompressing or resecting the nerve, depending on the experience of the surgeon. In the present case, there is sufficient objective evidence on exam and history to support a recalcitrant diagnosis of both plantar fasciitis and neuroma. The patient has failed the traditional conservative treatment approaches for each of these diagnoses. Therefore, the request for 1 Excision of Neuroma of the Right Foot with Endoscopic Plantar Fascial Release is medically necessary.