

<b>Case Number:</b>	CM14-0020100		
<b>Date Assigned:</b>	04/28/2014	<b>Date of Injury:</b>	09/09/2011
<b>Decision Date:</b>	07/08/2014	<b>UR Denial Date:</b>	01/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2014

### 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 Texas. 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 female who sustained an injury to her right lower extremity on 09/09/11. Mechanism of injury was not documented. The injured worker has a history of having Morton's neuroma on the right foot. It was reported that she has been seen by multiple providers with documented Morton's neuroma. A podiatrist qualified medical evaluation dated 08/07/13 reported the injured worker would be a candidate for neuroma excision for radiofrequency ablation. A clinical note dated 09/03/13 reported that the patient rates her right foot pain at 9/10 VAS and her pain increases to more than 9/10 VAS when she puts pressure on her right foot. The injured worker stated that due to the pain, she's been walking on the medial side of her foot to prevent the sharp pain on the lateral side of her foot. The injured worker stopped acupuncture treatments due to having shoulder surgery. She was told to stop taking any medications for her foot pain by her surgeon deter healing of her right shoulder. Physical examination of the right foot noted positive range of motion; sensation decreased along the lateral side of the foot.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ULTRASOUND GUIDED POSTERIOR TIBIAL NERVE BLOCK:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines California Medical Treatment Utilization Schedule Page(s): 102.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Knee and Leg Chapter, Ultrasound, Diagnostic.

**Decision rationale:** The request for ultrasound guided posterior tibial nerve block is not medically necessary. The ODG state that therapeutic ultrasound is not recommended over other, simpler heat therapies. Therapeutic ultrasound is one of several rehabilitation interventions used for the management of pain due to patellofemoral pain syndrome. Given the clinical documentation submitted for review, medical necessity of the request for ultrasound guided posterior tibial nerve block has not been established. Recommend not medically necessary.

**CRYOABLATION OF MORTON'S NEUROMAS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines California Medical Treatment Utilization Schedule Page(s): 102.

**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, Morton's Neuroma Treatment.

**Decision rationale:** The request for cryoablation of morton's neuromas is not medically necessary. The ODG states that treatment with insoles, corticosteroid injections, excision of the nerve, transposition of the nerve and neurolysis of the nerve are commonly used treatments, but except for the surgical procedures, there is little evidence to support these. There was no indication that a surgical procedure was anticipated. Given the clinical documentation submitted for review, medical necessity of the request for cryoablation of morton's neuromas has not been established. Recommend not medically necessary.