

Case Number:	CM14-0033884		
Date Assigned:	06/20/2014	Date of Injury:	09/09/2011
Decision Date:	08/05/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/18/2014

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 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:

The injured worker is a 56-year-old female who reported an injury on 09/09/2011. The mechanism of injury involved a fall. The current diagnosis is neuroma. The injured worker was evaluated on 02/11/2014 with complaints of a right foot neuroma. The injured worker has demonstrated continued symptoms despite an injection with a local anesthetic. Physical examination revealed tenderness to palpation at the 4/5 interspace with negative instability. Treatment recommendations at that time included a surgical excision of the neuroma. The only diagnostic study provided for this review is documented on 09/12/2011, as an x-ray of the right foot, which indicated a fracture of the proximal phalanx of the small toe with mild degenerative changes in the large toe metatarsophalangeal (MPT) joint.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right foot excision neuroma 4-5 interspace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 375.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374-375.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation may be indicated for patients who have activity limitation for more than 1 month without signs of functional improvement, failure of exercise programs to increase range of motion and strength, and clear clinical and imaging evidence of a lesion. If a patient with a neuroma has persistent pain in a web space despite using toe separators, along with temporary relief from local cortisone injections, surgical removal of the neuroma may be indicated. As per the documentation submitted, there is no evidence of an exhaustion of conservative treatment to include exercises or the use of toe separators/orthotics. There were also no imaging studies provided for this review. Therefore, the injured worker does not currently meet criteria as outlined by the California MTUS/ACOEM Practice Guidelines, as such, the request is not medically necessary.

Pre-operative medical clearance: 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).

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.

Post-operative soft dressing: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical Practice Standard of Care.

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.