

Case Number:	CM14-0039385		
Date Assigned:	06/27/2014	Date of Injury:	06/20/2007
Decision Date:	08/05/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/03/2014

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 Podiatric Surgery and is licensed to practice in New York. 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 enclosed information, this patient was evaluated by her podiatrist on 3/11/2014. Patient's chief complaint is left foot and leg pain. It is noted that this patient has persistent leg pain, ankle pain, foot pain. This patient has received corticosteroid injections to her back and has taken gabapentin. She relates stopping the gabapentin due to swelling of feet. The musculoskeletal exam during this visit reveals foot tenderness on palpation with a clicking sound on compression of the metatarsal heads. Right foot reveals tenderness to multiple areas including metatarsal heads. Neurological exam reveals decreased vibratory sensation to bilateral feet. Subtalar eversion weakness was noted bilaterally with some muscle weakness noted right and left side. The progress notes also state that a peripheral neuropathy was noted. Diagnoses include compression arthralgia of left ankle and foot, sprain, tarsal tunnel syndrome, peripheral neuropathy, sciatic radiculopathy, reflex sympathetic dystrophy of the lower limb, Houser's neuroma of right foot, Morton's neuroma of right foot, disturbance of gait. This physician has recommended a skin punch biopsy for small fiber biopsy to rule out small fiber disease, and recommended each additional lesion for small fiber biopsy to rule out small fiber disease.

IMR ISSUES, DECISIONS AND RATIONALES

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

Small fiber biopsy of the left ankle/foot: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 374. Decision based on Non-MTUS Citation John Hopkins.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Research from Johns Hopkins.

Decision rationale: After careful review of the enclosed information and the pertinent MTUS guidelines for this case, it is my feeling that the decision for small fiber biopsy of left foot and ankle is not medically reasonable or necessary at this time. Chapter 14 of the MTUS guidelines state that a referral for a surgical consultation may be indicated for patients that have: activity limitation for more than one month without signs of functional improvement, failure of an exercise program to increase range of motion and strength of the musculature around the foot and ankle, and or clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. After review of the enclosed progress notes, a small fiber biopsy/surgical biopsy, does not meet the above mentioned criteria. Furthermore, research from Johns Hopkins University reveals that the symptoms of small fiber sensory neuropathy are primarily sensory in nature and include unusual sensations such as pins and needles, pricks, tingling and numbness. Some patients may experience burning, coldness and electrical shock like brief painful sensations. The progress notes do not support that this patient suffers with most if not all of these documented small fiber sensory neuropathy sensations. Also noted in the research from John Hopkins, diagnosis of small fiber sensory neuropathy may be done via electromyography. The request is not medically necessary.