

Case Number:	CM14-0040958		
Date Assigned:	06/30/2014	Date of Injury:	08/01/2010
Decision Date:	08/21/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/08/2014

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 Occupational Medicine 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:

Patient is a 61-year-old female who has submitted a claim for metatarsalgia and intermetatarsal neuroma associated with an industrial injury date of 08/01/2010. Medical records from 2013 to 2014 were reviewed. Patient complained of chronic left foot pain, graded 4/10 in severity, with burning sensation and hypersensitivity. Physical examination showed tenderness at proximal 4th and 5th metatarsals, left. Swelling at the lateral aspect of the left ankle was noted. Motor strength was graded 4/5 with full active range of motion. Dysesthesia was noted at the lateral plantar nerve distribution. Metatarsal squeeze test was positive. Treatment to date has included steroid injections to the left foot, use of a TENS unit, acupuncture, and medications. Utilization review from 04/02/2014 denied the request for Achilles shockwave because it was not guideline recommended, and denied neuroma removal because of no diagnostic study to support such diagnosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Achilles shockwave: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, ankle and foot, extracorporeal shock wave therapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot Section, Extracorporeal shock wave therapy (ESWT).

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. The ODG states that low energy extracorporeal shockwave therapy (ESWT) is recommended as an option for chronic plantar fasciitis, where the latest studies show better outcomes without the need for anesthesia. Criteria for the use of Extracorporeal Shock Wave Therapy (ESWT) include patients whose heel pain from plantar fasciitis has remained despite six months of standard treatment, at least three conservative treatments have been performed prior to use of ESWT, and maximum of 3 therapy sessions over 3 weeks. A study concluded that there is no convincing evidence for ESWT recommendation in Achilles tendinopathy. In this case, the patient complains of persistent left foot pain despite steroid injections, acupuncture, use of a TENS unit, and intake of medications. However, there was no documented rationale for ESWT in the records submitted. The request likewise failed to specify the number of treatment sessions intended and laterality to be treated. The medical necessity cannot be established due to insufficient information. Therefore, the request for Achilles shockwave is not medically necessary.

Neuroma removal: Upheld

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

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: Morton's Neuroma: Interdigital Perineural Fibrosis, Wheelless' Textbook of Orthopaedics.

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Wheelless' Textbook of Orthopedics was used instead. It states that neuroma removal should only be considered when there is failure of conservative treatment, when there is only temporary improvement with Xylocaine / cortisone infiltration, and when symptoms have been present for more than 6 months. Diagnostic imaging such as radiographs, bone scan, or MRI may confirm the diagnosis. Standing radiographs of the foot should be performed to rule out bony pathology, while a bone scan may rule out infarction of metatarsal head. In this case, the patient complains of persistent left foot pain despite steroid injections, acupuncture, use of a TENS unit, and intake of medications. Physical examination showed tenderness at proximal 4th and 5th metatarsals. Surgery may be a reasonable treatment option at this time given the chronicity of symptoms and failure in conservative care. However, there was no diagnostic imaging presented in the records submitted. The guideline firmly recommends imaging to rule out other possible conditions prior to surgery. Therefore, the request for neuroma removal is not medically necessary.

