

Case Number:	CM14-0049742		
Date Assigned:	07/07/2014	Date of Injury:	09/01/2009
Decision Date:	08/06/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/17/2014

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 licensed 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, the original date of injury of this patient was 9/1/2009. It is noted in numerous progress notes enclosed in this case that this patient suffers with a symptomatic painful interdigital neuroma left side. The patient states that she has difficulty wearing shoes for a prolonged period. X-rays were taken of the left foot, which did not reveal any stress fracture or bony abnormality. The progress notes advised that this patient has been undergoing ultrasound guided alcohol Sclerosing injections to the neuroma area. According to the patient, they have been helpful. On March 26, 2014 four more Sclerosing therapy injections were requested for this patient to treat her painful interdigital neuroma.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sclerosing Therapy Injections x 4: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370, 371, 375.

Decision rationale: After a careful review of the enclosed information and the MTUS guidelines pertinent for this case, it is my opinion that the decision for Sclerosing therapy injections x 4 is

not medically reasonable or necessary at this time. It is well established in the enclosed progress notes that this patient suffers with a left-sided interdigital painful neuroma. Chapter 14 of the MTUS guidelines states that neuroma treatment includes; toe separators to the affected web space, and wider shoes. There is no mention of Sclerosing alcohol injections. Furthermore, page 371 of chapter 14 states that: Invasive techniques (e.g., needle acupuncture and injection procedures) have no proven value, with the exception of corticosteroid injection into the affected web space in patients with Morton's neuroma or into the affected area in patients with plantar fasciitis or heel spur if four to six weeks of conservative therapy is ineffective. It must be noted that this patient is not getting corticosteroid injections, rather alcohol Sclerosing agent injections. Finally, the guidelines state that 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. Therefore, the request is not medically necessary.