

<b>Case Number:</b>	CM14-0089246		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	07/13/2012
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	06/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/13/2014

### 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 Orthopaedic 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:

This 53-year-old male police officer sustained an industrial injury on 7/13/12. Injury occurred while chasing a suspect. The patient underwent right foot 2nd and 3rd metatarsophalangeal (MTP) capsulotomy, condylectomy and extensor lengthening on 1/4/13. Records documented persistent pain and swelling under the toes following surgery, which are consistent with a neuroma. The 3/6/14 right foot MRI documented postsurgical changes with partial resection of the 2nd and 3rd metatarsal heads. There was fibrosis inferior to the heads. There was hallux valgus with subcortical cyst within the lateral aspect of the great toe proximal to the phalangeal bases and mild osteophytosis. There was no evidence of inter digital neuroma or stress fracture. Conservative treatment included orthotics, shoe modification, activity modification, elevation, taping, anti-inflammatory medication, physical therapy, corticosteroid injections, and ice. The 5/29/14 treating physician report cited persistent right foot pain. There was burning pain on the top of the right foot and stabbing pain on the bottom. Right foot exam documented edema with painful range of motion of the 2nd and 3rd toes. There was moderate to severe pain and minimal laxity to Lachman over the 2nd and 3rd metatarsophalangeal (MTP) joints. There was tenderness over the 2nd and 3rd metatarsal heads and proximal phalanges at the MTP joints. There was attenuation of the plantar fat pad underneath 2 and 3. There was extreme stabbing and burning pain with palpation of the 2/3 webspace, but not 1/2 or 3/4. There was burning pain on the top of the foot with resisted 2nd and 3rd MTP dorsiflexion. There was decreased strength testing over the extensor digitorum longus and toe flexors. Piano keying of the rays produced moderate pain at rays 2/3. Gait was abnormal with significant avoidance of toe off and external rotation of the foot to avoid pressure on the 2nd toe. The patient reported compensatory left foot pain and there was concern regarding stress fracture. The treating physician opined that the extensive scarring in the area of the extensor tendons could have trapped some residual nerve branches which may

be causing pain. Additionally, there was plantar fibrosis that could be causing pain when walking. The patient was concerned regarding return to work and job loss. The treatment plan recommended surgery to debride the plantar fibrosis, free up scar tissue on the dorsum, and look for residual trapped nerve, as well as evaluate for a stump neuroma. The patient had failed conservative treatment. An injection was provided to the area of maximal tenderness. The treatment plan included ice, custom insoles and shoe modification. The 6/6/14 utilization review denied the request for right foot surgery as there was no evidence of a Morton's neuroma on imaging and lack of detailed documentation relative to injection response. The 6/18/14 appeal indicated the patient has undergone two corticosteroid injections with temporary pain relief. The patient had reproducible pain with paresthesias on palpating the intermetatarsal space suggestive of a painful neuroma.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Right foot exploration of nerves of 2nd and 3rd rays, debridement of plantar fibrosis of MTP joints of 2, 3:** Overturned

**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, diagnostic arthroscopy

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374-375. Decision based on Non-MTUS Citation Ankle and Foot, Surgery for Morton's Neuroma

**Decision rationale:** The California MTUS guidelines support surgical removal of a neuroma if there is persistent pain in a web space despite conservative treatment, including toe separators and corticosteroid injections. The Official Disability Guidelines support surgery for Morton's neuroma if 6 to 8 months of conservative treatment have been attempted and failed. Guideline criteria have been met. This patient presents with significant pain and functional limitation consistent with a painful neuroma despite comprehensive conservative treatment for more than 8 months. He is unable to return to work full duty as a police officer. Therefore, this request is medically necessary.