

Case Number:	CM15-0005112		
Date Assigned:	01/21/2015	Date of Injury:	11/07/2013
Decision Date:	03/24/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/09/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New York
 Certification(s)/Specialty: Neurological Surgery

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 32 year old male with an industrial injury dated 11/07/2013. His diagnoses include crushing foot injury, fracture foot bone closed, pain in limb, and swelling in the limb. Recent diagnostic testing has included x-rays of the left foot which revealed a secondary bony formation at the fracture site along the third and fourth digits which was noted to cause irritation along the nerve resulting in a painful neuroma. He has been treated with conservative treatment for several months. In a progress note dated 09/29/2014, the treating physician reports worsening left foot pain despite treatment. The objective examination revealed severe swelling of the left foot with a palpable mass over the third interspace of the left foot with swelling and edema, and pain of the sub met third and fourth along the fracture site where there is secondary bone formation. An evaluation dated 12/18/2014 reports no changes from previous visit, but noted numbness in the foot when wearing shoes and increased pain. The treating physician is requesting excision fracture bone 3rd and 4th left metatarsal, excision neuroma 3rd I.S. left, cam walker boot, and physical therapy 2 times per week for 4 weeks which were denied by the utilization review. On 12/30/2014, Utilization Review non-certified a request for excision fracture bone 3rd and 4th left metatarsal, noting the absence of a fractured bone to excise as noted on the x-ray. The ACOEM Guidelines was cited. On 12/30/2014, Utilization Review non-certified a request for excision neuroma 3rd I.S. left, noting the absence of bone to be excised and no specific treatment for the neuroma. The ODG was cited. On 12/30/2014, Utilization Review non-certified a request for a cam walker boot; however, there was no rationale provided for the decision. The ACOEM Guidelines was cited. On 12/30/2014, Utilization Review non-

certified a request for physical therapy 2 times per week for 4 weeks; however, there was no rationale provided for the decision. The ACOEM Guidelines was cited. On 01/09/2015, the injured worker submitted an application for IMR for review of excision fracture bone 3rd and 4th left metatarsal, excision neuroma 3rd I.S. left, cam walker boot, and physical therapy 2 times per week for 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Excision fracture bone 3rd and 4th left metatarsal: Overturned

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 Foot and ankle chapter-Surgery for hammer toe deformity

Decision rationale: The ODG guidelines note that osteotomy is often effective in relieving pain and correcting deformity. The provider has reported worsening foot pain despite conservative treatment. Excision of the exostosis which is part of the palpable mass is reasonable. Thus this requested treatment: excision fracture bone 3rd and 4th left metatarsal is medically necessary and appropriate.

Excision neuroma 3rd I.S left: Overturned

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

Decision rationale: The California MTUS guidelines note that surgery for a neuroma that has not responded to conservative treatment is an option. The provider notes such failure to respond. The requested treatment excision of neuroma 3rd I.S left is medically necessary and appropriate.

Associated surgical service: Cam walker boot: Overturned

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 Since the requested treatment of excision of fracture bone 3rd and 4th left metatarsal is approved the associated surgical service Cam walker boot is approved

Decision rationale: Since the requested treatment of excision of fracture bone 3rd and 4th left metatarsal is approved the associated surgical service Cam walker boot is approved. It is medically necessary and appropriate.

Associated surgical service: Physical Therapy 2x4 weeks: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Foot and ankle chapter

Decision rationale: Since the excision of foot neuroma is approved, as well excision of metatarsal exostoses from fractures, then it is medically necessary and appropriate for the worker to have physical therapy post-operatively. The ODG guidelines indicate 9 visits over 8 weeks would be allowed for other hammer toe which would encompass the requested treatment of associated surgical service: Physical therapy 2x4 weeks. The request is medically necessary and appropriate.