

<b>Case Number:</b>	CM15-0005502		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	06/10/2005
<b>Decision Date:</b>	03/23/2015	<b>UR Denial Date:</b>	12/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/12/2015

### 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: California

Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

### 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 55-year-old female who reported an injury on 06/10/2005 due to an unknown mechanism of injury. The clinical documentation submitted for review was extremely limited. The injured worker was evaluated on 11/03/2014. The injured worker's diagnoses included lesion of the plantar nerve, and pain in joint of the ankle and foot. No other evaluation was provided during this examination. A Request for Authorization was submitted to support the surgical excision of a neuroma in the L3-4 interspace on 11/13/2014. However, no other justification for the surgery was submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Excision of 3-4 Interspace Neuroma, Left Foot: 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): 374-375.

**Decision rationale:** The requested excision of the 3 to 4 interspace neuroma of the left foot is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends removal of neuromas after the injured worker has received temporary relief from local corticosteroid injections. The clinical documentation submitted for review is limited and does not provide an evaluation of the injured worker's neuroma of her left foot. Additionally, the clinical documentation does not indicate that the injured worker has had a positive response to a corticosteroid injection. Therefore, surgical intervention would not be supported in this clinical situation. As such, the requested excision of the 3 to 4 interspace neuroma of the left foot is not medically necessary or appropriate.

**Associated surgical service: Purchase of Post-op soft dressing:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Associated surgical service: Pre-op Medical Clearance:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.