

Case Number:	CM15-0008405		
Date Assigned:	01/23/2015	Date of Injury:	11/20/2009
Decision Date:	04/03/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/14/2015

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: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic 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 55-year-old male who sustained an industrial injury on 11/20/09. The 8/11/14 treating physician report cited pain in the bottom of his left foot and a burning sensation between the 2nd and 3rd toes, causing difficulty with weight bearing. Physical exam documented tenderness in the 2nd intermetatarsal space and around the lateral sesamoid. There was no significant tenderness with forced plantar flexion, no deformities to his metatarsophalangeal (MTP) joints, and movement without difficulty. X-rays showed no arthritic changes of the MTP joints, no stress fractures and no malalignment at the MTP joints. The diagnosis was Morton's neuroma, possible lateral sesamoid issue. MRI was recommended. The 9/12/14 left forefoot MRI impression documented hallux rigidus. Findings indicated that there was no obvious lesion underlying the marked in the region of the second metatarsal head. There was mild degenerative of the plantar plate and no intermetatarsal bursitis or Morton's neuroma identified. The 11/6/14 treating physician report indicated that the MRI showed what looks like a neuroma underneath the second metatarsal head, especially on a sagittal and on the STIR images on the axial views. The treatment plan again requested surgery to explore the area and remove the neuroma. The 12/17/14 utilization review non-certified the request for exploration of the plantar plate to remove neuroma underneath the 2nd metatarsal, citing Official Disability Guidelines (ODG) Ankle & Foot Procedure Summary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgery: Left foot: Exploration of Plantar plate area to remove neuroma underneath 2nd Metatarsal head: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot Procedure Summary.

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

Decision rationale: The California MTUS 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 a local corticosteroid injection, surgical removal of the neuroma may be indicated. The Official Disability Guidelines provide specific criteria for surgery for Morton's neuroma that include 6-8 months of conservative therapies with change in shoe types, limited activities, use of metatarsal pads, and alcohol injection of Morton's neuroma. Guideline criteria have not been met. This patient presents with clinical findings consistent with neuroma and plausible imaging evidence. However, there is no detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial (including injection) and failure. Therefore, this request is not medically necessary at this time.