

<b>Case Number:</b>	CM15-0163810		
<b>Date Assigned:</b>	09/01/2015	<b>Date of Injury:</b>	03/19/2007
<b>Decision Date:</b>	10/16/2015	<b>UR Denial Date:</b>	08/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2015

### 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: Tennessee, Florida, Ohio  
 Certification(s)/Specialty: Surgery, Surgical Critical Care

### 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 58 year old woman sustained an industrial injury on 3-19-2007. The mechanism of injury is not detailed. Treatment has included oral medications, cortisone injections, and surgical interventions. Physician notes dated 6-22-2015 show complaints of pain to the right foot. Recommendations include further surgical intervention at the worker's request and follow up post-operatively.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Re-do right foot stump excision Morton's neuroma, third web space/redo different surgeon:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Ankle and Foot Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Morton's neuroma.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot (Acute & Chronic), Surgery for Morton's neuroma.

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of shock wave therapy for this patient. The California MTUS guidelines and the ACOEM Guidelines do not address this topic. According to the Official Disability Guidelines (ODG), Morton's neuroma is a common cause of metatarsalgia caused by intermetatarsal digital nerve thickening. With conservative treatment, high-heeled and narrow shoes should be avoided, and the use of a metatarsal pad orthotic device can help keep pressure off the nerve. Criteria for surgery for Morton's neuroma: 6-8 months of conservative therapies have been attempted and have been documented as having failed: 1. Change in shoe types that are reported to result in neuroma-like symptoms. 2. Change or limitation in activities that are reported to result in neuroma-like symptoms. 3. Use of metatarsal pads (placed proximal to the metatarsal heads) to reduce pressure on the nerve by spreading the metatarsals. 4. Alcohol injection of Morton's neuroma. This patient has had failed conservative therapy with a change in shoe type and a limitation of activities. The patient had also failed a redo surgery on the 2nd metatarsal for Morton's neuroma. They are requesting a redo operation with a different surgeon. However, since reoperation, use of metatarsal pads and alcohol injections of the Morton's neuroma have not been attempted. Hence, at this time, the patient does not meet ODG criteria for surgery. Therefore, based on the submitted medical documentation, the request for surgery for Morton's foot neuromas is not medically necessary.

**Pre-operative 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 base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) preoperative testing, general.

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of pre-op orders for this patient. The California MTUS guidelines and the ACOEM Guidelines do not address the topic of pre-op medical clearance. The Occupational Disability Guidelines (ODG) state that Preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, urinalysis) is performed before surgical procedures. Although this patient has been diagnosed with the condition of Morton's neuroma, there is no authorization for surgery. Pre-op testing is not indicated without authorization to perform a surgical procedure. Therefore, based on the submitted medical documentation, the request for pre-operative medical clearance is not medically necessary.

**Post-operative shoes purchase:** Upheld

**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 Official Disability Guidelines (ODG) Leg and Knee, Durable medical equipment (DME).

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of this order for this patient. The California MTUS guidelines and the ACOEM Guidelines do not address the topic of post-op durable medical equipment. The states that durable medical equipment is "Recommended generally if there is a medical need post-operatively." This patient's request for surgery is not authorized. Therefore, a need for the requested equipment does not exist. Therefore, based on the submitted medical documentation, the request for postoperative shoes purchase is not medically necessary.

**Crutches purchase:** Upheld

**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 Official Disability Guidelines (ODG) Leg & Knee, Durable medical equipment (DME).

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of this order for this patient. The California MTUS guidelines and the ACOEM Guidelines do not address the topic of post-op durable medical equipment. The states that durable medical equipment is recommended generally if there is a medical need post-operatively. This patient's request for surgery is not authorized. Therefore, a need for the requested equipment does not exist. Therefore, based on the submitted medical documentation, the request for postoperative crutches is not medically necessary.