

Case Number:	CM15-0184079		
Date Assigned:	09/24/2015	Date of Injury:	02/17/2015
Decision Date:	10/30/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/18/2015

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, Oregon, Washington
 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 62 year old female who sustained an industrial injury on February 17, 2015. Primary treating visit dated August 13, 2015 reported the plan of care with request to undergo excision of neuroma and scar revision of the left lower leg as it has increased in intensity; she has mechanical difficulties and uses a cane; nerve conduction study is normal. A recent primary treating office visit dated August 25, 2015 reported subjective complaints "have not changed." She presents with worsening right knee complaints. She reports "constant moderate and occasionally severe pain" which increases in intensity when using stairs and walking on uneven surfaces. She reports "popping and clicking, giving way and locking." She also noted "continued complaints in the right shoulder, both hips and low back." The pain is described as constant slight, intermittent moderate and occasionally severe. She has undergone conservative treatment including home exercises, pharmacotherapy, and activity modification with minimal temporary relief. The plan of care is to proceed with right knee arthroscopy. The following were prescribed this visit: Ultram and Flexeril. Primary follow up dated June 18, 2015 reported the plan of care with requesting recommendation for an internal medicine evaluation for wound care; pending authorization for nerve conduction study, and follow up visit. Primary follow up dated May 08, 2014 reported current subjective complaint of left lower knee and leg pain that is intermittent. She states "her wound is healing." The leg "buckles and gives way, and she is occasionally wearing a brace. The plan of care is noted pending authorization to undergo a magnetic resonance imaging study of left lower leg ruling out ligament injury; worsening pain. On August 13, 2015 a request was made to perform neuroma excision and scar revision of the

left lower leg which was denied due to the provided documentation showed no evidence of conservative treatment measures trialed which is required in meeting guidelines; therefore, the request is not medically necessary. Utilization Review assessed the case on September 03, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neuroma excision of the left lower leg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Surgical Considerations.

Decision rationale: Per CA MTUS: "If a patient with a neuroma has persistent pain in a web space despite using toe separators, along with temporary relief from local cortisone injections, surgical removal of the neuroma may be indicated. Besides the usual counseling about possible wound complications and complications of anesthesia, the patient can be informed that the operation is not always effective because the surgeon may be unable to find the neuroma and excise it. Always counsel the patient about expectations for surgery so that he or she can make an informed decision about whether or not to proceed with surgery." In this case, there is no evidence from the provided medical records of appropriate nonoperative care or temporary relief with injections. Thus, the request is not medically necessary.

Scar revision of the left lower leg: 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 ODG burn chapter.

Decision rationale: CA MTUS/ACOEM is silent on the issue of scar excision. ODG burn chapter is referenced. Scar treatment is recommended for scars with significant functional impairment related to the scar where there is a reasonable expectation of improvement with treatment. In this case the note from 6/18/15 does not document clearly that a significant function impairment caused by the scar exists. Therefore, the request is not medically necessary.