MAXIMUS Federal Services

Case Number:	CM15-0190607		
Date Assigned:	10/02/2015	Date of Injury:	05/16/2011
Decision Date:	11/10/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/28/2015

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:

This 53 year old woman sustained an industrial injury on 5-16-2011. Diagnoses include neuralgia-neuritis, post-traumatic seroma, abnormality of gait, and acquired deformity of ankle-foot. Treatment has included oral medications, surgical intervention, and physical therapy. Physician notes dated 8-17-2015 show complaints of residual left ankle pain 10.5 months after surgery, increased swelling and sensitivity, doesn't feel strong, and a nodule that is a new complaints. The physical examination shows moderate edema of the left lateral leg. A 1.5 cm nodule that is 13.5 cm from the distal tip of the fibula is more prominent when the foot is dorsiflexed and does not appear to move with ankle motion. This area is very tender to palpation and extremely dysethetic. Range of motion is otherwise normal, strength is measured as 4- out of 5 to the bilateral ankles, and an abnormal gait with slowed cadence is noted as well as difficulty with toe off and losing balance with turns. Recommendations include further surgical intervention, continue use of brace, continue compressions sock, elevate, ice, pain management consultation, hold physical therapy, and follow up in one month or surgery. Utilization Review denied a request for revision resection of stump neuroma with silicone capping of nerve of the left ankle on 8-28-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Revision resection of stump neuroma with silicone capping of nerve, left ankle: Upheld

Claims Administrator guideline: Decision based on MTUS Ankle and Foot Complaints 2004.

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)/Morton's neuroma treatment.

Decision rationale: Per ODG, Ankle & Foot (Acute & Chronic)/Morton's neuroma treatment: "Recommend alcohol injections and surgery as options after conservative care. See Alcohol injections (for Morton's neuroma) & Surgery for Morton's neuroma. Morton's neuroma is a common, paroxysmal neuralgia affecting the web spaces of the toes, typically the third. The pain is often so debilitating that patients become anxious about walking or even putting their foot to the ground. Insoles, corticosteroid injections, excision of the nerve, transposition of the nerve and neurolysis of the nerve are commonly used treatments, but except for the surgical procedures, there is little evidence to support these. There is no evidence to support the use of supinatory insoles or corticosteroid injections. As far as surgical technique, there is limited indication that transposition of the transected plantar digital nerve may yield better results than standard resection of the nerve in the long term. There are limited indications to suggest that dorsal incisions for resection of the plantar digital nerve may result in less symptomatic post-operative scars when compared to plantar excision of the nerve. (Thomson, 2004)" In this case there is no evidence of appropriate non-operative treatment or alcohol injections and thus the ODG guidelines have not been met. Thus the recommendation is for non-certification. The request is not medically necessary.