

Case Number:	CM15-0196217		
Date Assigned:	10/09/2015	Date of Injury:	03/27/2014
Decision Date:	11/23/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/06/2015

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, New York
 Certification(s)/Specialty: Podiatrist

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 injured worker is a 31 year old male, who sustained an industrial injury on 03-27-2014. The injured worker was diagnosed as having ankle instability, neuroma. On medical records dated 09-21-2015 and 09-15-2015, the subjective complaints were noted as continued foot-ankle pain and swelling. During most recent injection along the 2nd metatarsal, there was a cyst like structure noted. Objective findings were noted as right foot complete foot-ankle revealed edema and tenderness to palpation with lateral ligaments motion loss was noted. Acute point tenderness was present to palpation of the first intermetatarsal space- right and a palpable mass was presented adjacent to the midshaft of the 2nd metatarsal. Treatments to date included cortisone injections and medication. The injured worker was noted to be working modified work. Current medications were listed as Tramadol. The Utilization Review (UR) was dated 09-24-2015. A request for bury nerve into muscle of the right foot, excision of cyst of the right foot and plantar facial release of the right foot was noted. The UR submitted for this medical review indicated that the request for bury nerve into muscle of the right foot, excision of cyst of the right foot and plantar facial release of the right foot was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Bury nerve into muscle of the right foot: Upheld

Claims Administrator guideline: Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot.

MAXIMUS guideline: Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Diagnostic Criteria, Physical Methods, Medical History, Surgical Considerations.

Decision rationale: As recorded on 3/3/15, subjectively the injured worker denied ankle instability, indicating that his right foot is most tender through the medial and central fascia. An undefined mass, with point tenderness and diffuse pain is reported as chronically existing in the right foot. The record reports multiple diagnoses characterizing a complex impairment of the right lower extremity: neural impairment, ankle instability, neoplasm, a possible Lisfranc disorder, plantar fasciitis and fibromatosis of the right lower extremity. Diagnosis is based primarily on upon physical findings, without corroborative diagnostics findings. Per MTUS guidelines the patient's symptoms require objective endorsement. Corroborative tests for nerve dysfunction alone may include: EMG, Nerve biopsy, nerve conduction studies, ultrasound and MRI (N). The record provides repeated mention of out of date study, without presentation. Assurance of both short term and long term benefit from the proposed surgical measures is not substantiated by the record. As per MTUS guidelines, the proposed surgical procedure: the burying of a nerve into the muscle of the right foot is not medically necessary.

1 Excision of Cyst of the right foot: Upheld

Claims Administrator guideline: Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot - Ganglion cyst removal.

MAXIMUS guideline: Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Medical History, Diagnostic Criteria, Physical Methods, Special Studies, Surgical Considerations. Decision based on Non-MTUS Citation Craig A. Camasta, DPM (1993). "excision of the ganglion cyst" (PDF). Podiatry Institute.

Decision rationale: The differential diagnosis for the positive treatment of the injured worker's right foot, is complex and requires definitive findings. Ganglion cysts occur, with 88% frequency in communication with the multiple small joints of the hand and wrist, while at a much lower frequency of 11%, with those of the foot and ankle. [1] While a cystic lesion is clinically diagnosed, no objective, diagnostic evidence of a lesion shown to benefit from surgical repair has been provided. Ultrasonography as well as alternative imaging may be used to increase diagnostic confidence in clinically suspected lesions. The record provides no evidence of current diagnostic study. Assurance of both short term and long term benefit from the proposed surgical measures is not substantiated by the record. The request for: the excision of cyst, of the right foot, is not medically necessary.

1 Plantar facial release of the right foot: Upheld

Claims Administrator guideline: Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot - Surgery for plantar fasciitis.

MAXIMUS guideline: Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Medical History, Physical Examination, Physical Methods, Special Studies, Surgical Considerations. Decision based on Non-MTUS Citation American Academy of Orthopaedic Surgeons and American Academy of Pediatrics (2010). Plantar fasciitis. In JF Sarwark, ed., Essentials of Musculoskeletal Care, 4th ed., pp. 839-844. Rosemont, IL: American Academy of Orthopaedic Surgeons; Digiovanni BF, et al. (2006). Plantar fascia-specific stretching exercise improves outcomes in patients with chronic plantar fasciitis. A prospective clinical trial with two-year follow-up. Journal of Bone and Joint Surgery, 88 (6): 1775/1781; and Dente CJ, Wyrzykowski AD, Feliciano DV (October 2009). "Fasciotomy". Current Problems in Surgery 46 (10): 779-839. doi:10.1067/j.cpsurg.2009.04.006. PMID, 19735797. Retrieved 2012-07-30.

Decision rationale: Plantar fasciitis responds well to non surgical management. By MTUS guidelines, the failure of orthotic therapy and physical medicine must precede surgical intervention. A failure of Physical Therapy for this injured worker is not substantiated. Orthotic management for plantar fasciitis is endorsed by the MTUS guidelines. The record indicates a failure of orthosis treatment. Many types of recommended devices are available. The type of device utilized is not specified. There is no indication, if the orthosis are adjustable, to achieve a positive outcome. There is no evidence that alternative orthotic devices were considered or applied. While plantar fibromatosis is diagnosed, no diagnostic evidence of a lesion shown to benefit from surgical repair, has been provided. The record does not demonstrate a full application of supported treatment. The request for plantar facial release, of the right foot, is not certified as medically necessary.