

Case Number:	CM15-0199157		
Date Assigned:	10/14/2015	Date of Injury:	06/19/2013
Decision Date:	11/23/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	10/09/2015

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 54 year old, female who sustained a work related injury on 6-19-13. A review of the medical records shows she is being treated for left foot pain. Treatments have included physical therapy, orthotics and rest. In the progress notes, the injured worker reports increasing pain in her left foot, mainly at the third web space. She rates the pain at 2 out of 10 at rest and 5 out of 10 with repetitive weight-bearing activities. On physical exam dated 9-4-15, she has moderate tenderness at the left third web space with mild induration and a palpable mass proximal to the metatarsal heads, consistent with a probable amputation Neuroma. She has moderate tenderness to the plantar medial aspect of the left foot in the area of the third web space with probable mass consisting of a probable traumatic Neuroma. The range of motion of all parts of foot is the same with both feet. She is temporarily totally disabled. The treatment plan includes a request for an excision of traumatic amputation Neuroma, third web space on left foot. The Request for Authorization dated 9-18-15 has requests for excision amputation of Neuroma. In the Utilization Review dated 10-6-15, the requested treatment of excision amputation of Neuroma, left foot is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Excision amputation of Neuroma, left foot: 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) foot & ankle / surgery for Morton's Neuroma.

Decision rationale: Per ODG foot & ankle / surgery for Morton's Neuroma: "Recommended. Morton's Neuroma is a common cause of metatarsalgia caused by intermetatarsal digital nerve thickening. Postoperatively, 82% report excellent or good results. 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, but the success rate for nonsurgical management is only about 20-30%. Surgical care for Morton Neuroma involves a few different options for either decompressing or resecting the nerve, depending on the experience of the surgeon. (Pace, 2010) 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) See also Jones fracture (surgery). 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." In this case the medical records from 9/4/15 have been reviewed. There is no evidence of 6-8 months of non-operative treatment. As this patient does not meet ODG criteria for this proposed surgery the recommendation is for non-certification. Therefore, the request is not medically necessary.