

Case Number:	CM15-0036761		
Date Assigned:	03/05/2015	Date of Injury:	08/19/2003
Decision Date:	04/14/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	02/26/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 65 year old male, who sustained a work/industrial injury on 8/19/03 as a deputy sheriff who had a chemical incident that developed into onychomycosis of the toenails of each foot. He has reported symptoms of foot pain with limitations in standing and walking. Prior medical history included diabetes mellitus. The diagnoses have included nail disease (onychomycosis), neuropathy, and foot drop. Medications included Bayer aspirin, Dexilant Dr, Metformin, Plavix, Amlodipine besylate, Flector patch and Ibuprofen. The treating physician's report (PR-2) from 12/26/14 indicated the injured worker had painful, yellowed, thickened nails on both feet (onychomycosis) with foot flopping (foot drop) due to nerve damage and arch pain. The IW was unable to wear his duty boots, and was unable to stand for long periods or walking as well. The physician recommended one additional laser treatment for the next month. Exam noted motor strength of 1/5 (anterior tibialis), 4/5 (extensor hallucis longus), and 3/5 (extensor digitorum longus, and 4/5 (tibialis posterior), right ankle pain on eversion, left heel tarsal tunnel syndrome, sinus tarsi pain on the left, and some stocking-glove neuropathy. Treatment recommended was laser ablation, new orthoses, impression/casting, and a dynamic ankle/foot orthosis for foot drop. On 2/6/15, Utilization Review non-certified a Laser Nail Ablation x 1 (bilateral feet), citing the Non- MTUS, ACOEM Guidelines: Medicinenet.com updated 6/7/12.

IMR ISSUES, DECISIONS AND RATIONALES

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

Laser Nail Ablation x 1 (bilateral feet): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medicinenet.com updated 6/7/12.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Onychomycosis Treatment & Management. MEDSCAPE <http://emedicine.medscape.com/article/1105828-treatment#showall>.

Decision rationale: According to emedicine, laser nail ablation has been used to treat onychomycosis, however the evidence based data are poor. There is no documentation of type of nail patient that the patient is suffering and the rational behind using laser therapy is no clear. Therefore, the request for Laser Nail Ablation x 1 (bilateral feet) is not medically necessary.