

<b>Case Number:</b>	CM15-0040965		
<b>Date Assigned:</b>	03/11/2015	<b>Date of Injury:</b>	02/03/2012
<b>Decision Date:</b>	05/12/2015	<b>UR Denial Date:</b>	02/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/04/2015

### 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

Certification(s)/Specialty: Orthopedic Surgery, Sports 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 68-year-old female who reported an injury on 02/03/2012, which occurred while the injured worker was walking on cement. The injured worker's current diagnoses include bilateral bunions, metatarsus adductus, and Morton's neuroma. A left ankle and foot MRI dated 08/12/2013 showed a peroneus longus partial tendon tear; spring ligament partial tear; marrow edema in the distal fibular shaft due to bone contusion on early incomplete stress fracture; mild cuboid bone marrow edema, prominent os tibiale externum with degenerative change at the synchondrosis; and ankle joint effusion. There was noted to be medial bunion deformity, osteoarthritis of the first MTP joint and the metatarsal/sesamoid articulations, as well as marrow edema in the cuboid bone. Treatment to date includes the use of medications, heel supports, acupuncture, orthotics, and physical therapy sessions ranging from 01/10/2014 to 02/10/2014, with no improvement of symptoms. The injured worker has also had corticosteroid injections, which have provided some relief. The most recent medical record dated 01/19/2015 indicates the injured worker was seen with complaints of left foot pain with weight bearing. The injured worker's current medications include omeprazole, naproxen, gabapentin, and anti-inflammatories. On physical examination, there was noted to be a slight limp with ambulation and pain in the forefoot.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electrocardiogram:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Left Foot Excision of third to fourth interspace Neuroma, second Metatarsophalangeal Joint Debridement and Osteotomy under general anesthesia:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot, Surgery for Morton's Neuroma.

**Decision rationale:** Based on the clinical documentation submitted for review, and the Official Disability Guideline recommendations, this request is not supported. The clinical documentation submitted for review showed no recent comprehensive clinical evaluation of the left foot from the physician that addressed the proposed surgery. There were also no updated imaging studies submitted for review. Given that the clinical records submitted showed no indication of a recent physical examination of the left foot, and there were no updated imaging studies of the left foot submitted for review, this request is not medically necessary.

**Pre-operative medical clearance:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Laboratory works (complete blood count, electrolyte, urinalysis, partial prothrombin time and prothrombin time):** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.