

Case Number:	CM14-0121720		
Date Assigned:	09/16/2014	Date of Injury:	11/27/2012
Decision Date:	10/16/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	07/29/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Medical records reflect the claimant is a 44-year-old female who sustained a work injury on 11-27-12. Office visit on 6-26-14 notes the claimant has continued left foot complaints. On exam, the claimant has tenderness between 3rd metatarsal, which is consistent with neuroma. Allodynia, hyperesthesia and dysesthesia are not present. It was felt the claimant had a neuroma at the third metatarsal.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neuroma Injection Left Foot: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127, Chronic Pain Treatment Guidelines Opioids Page(s): 85.

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 chapter - injections

Decision rationale: ODG notes that for Morton's neuroma corticosteroid injections are not recommended. Current evidence based medicine does not support a corticosteroid injection for this diagnosis. There are no extenuating circumstances noted. Therefore, the medical necessity of this request is not established.

Follow-up Visit Left Foot: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot (web: updated 3/26/14)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

Decision rationale: ACOEM notes that follow-up Visits Patients with ankle and foot complaints should have re-evaluations dependent on their condition. The medical necessity of this request for follow-up visit due to a Morton's neuroma is not established as medically necessary. There are no signs of CRPS. Therefore, follow-up visit is not established as medically necessary.