

Case Number:	CM14-0127727		
Date Assigned:	09/03/2014	Date of Injury:	08/29/2012
Decision Date:	10/16/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/12/2014

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 Podiatry Surgery and is licensed to practice in New York. 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:

According to the enclosed information the original date of injury for this patient was 8/29/2012. On 10/3/2014 patient underwent excision of neuroma left foot. On 7/8/2014 patient underwent MRI evaluation of painful left foot which reveals interdigital neuroma second interspace left side, Freiburg's infarction second metatarsal head, and mild degenerative changes to the first MPJ and midfoot. On 7/3/2014 patient presents to his physician for right foot pain. He states that he had surgery on his left foot and is now presenting for right foot pain and surgical correction. A diagnosis of plantar fasciitis is made. On 7/17/2014 this patient was evaluated for bilateral foot pain. Patient continues to have pain over the scar right foot from recent plantar fasciotomy. Positive Tinel's sign is noted. Positive Mulder's sign third interspace left side indicative of Morton's neuroma/stomp neuroma. This is also confirmed on MRI. The physician recommends continued shockwave therapy to the right foot and neuroma excision left foot. He is also requesting postoperative physical therapy visits for neuroma excision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ten post-operative physical therapy visits: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Adams, SB Jr, et.al. Morton neuromal. Clin Podiatr Med Surg. 2010 Oct; 27(4): 535-45

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 12-13.

Decision rationale: After careful review of the enclosed information and the pertinent MTUS guidelines for this case, it is my feeling that the decision for 10 postoperative physical therapy visits for this patient is not medically reasonable or necessary for this patient at this time. The MTUS guidelines state that postoperative exercise program goals should include strength, flexibility, endurance, coordination, and education. Patients can be advised to do early passive range-of motion exercises at home by a therapist. (Colorado, 2001) (Aldridge, 2004) This RCT (randomized controlled trial) supports early motion (progressing to full weight-bearing at 8 weeks from treatment) as an acceptable form of rehabilitation in surgically treated patients with Achilles tendon ruptures. (Twaddle, 2007) The guidelines are very specific and delineate a certain number of visits of postoperative physical therapy depending on the particular surgical procedure performed. A Morton's neuroma excision is not listed as a procedure that would require postoperative physical therapy. Therefore, this request is not medically necessary.