

Case Number:	CM14-0183687		
Date Assigned:	11/10/2014	Date of Injury:	02/03/2012
Decision Date:	12/12/2014	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	11/04/2014

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 2/3/12. Patient advises that constant standing and walking during working hours caused left foot pain. Symptoms also included pain to the digits with paresthesias noted to the lesser digits left foot. Patient was eventually diagnosed with a left foot Morton's neuroma. Prior treatment for patients neuroma included medication, Lidoderm patches, physical therapy, acupuncture, cortisone injections, activity restrictions, and use of a cane. On 9/23/2014 patient states that she responded well to an ultrasound guided diagnostic nerve block to the Morton's neuroma area, reducing the pain from a 9/10 to 4/10. Unfortunately the pain returned after one week. Because the patient responded well to the diagnostic nerve block, a pulsed radiofrequency denervation of her Morton's neuroma was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 left foot pulsed radiofrequency denervation of Morton's Neuroma: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370, 371, 375. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ankle and foot,, surgery for Morton's neuroma, Coblation therapy, page 16

Decision rationale: After careful review of the enclosed information and the pertinent guidelines for this case, it is my feeling that the decision for one left foot pulse radiofrequency denervation of patients Morton's neuroma is not medically reasonable or necessary for this patient at this time according to the guidelines. The MTUS guidelines state that treatment for neuroma consists of toe separators and white shoes. The guidelines go on to state that cortisone injections to the web space where a Morton's neuroma is located is also a recommended procedure. Page 375 of the MTUS guidelines state that surgical excision of the neuroma may be recommended if the patient does not respond to wider shoes and toe spacers, but does have some relief from the cortisone injection to the area. The ODG guidelines also recommend surgical excision of Morton's neuroma if conservative treatments fail. Finally , the ODG guidelines discuss coblation therapy (radiofrequency therapy) on page 16 and advise that it is currently under investigation and more well constructed studies are needed in order to advise on its efficacy. Taking into account the patient's course for her Morton's neuroma, her prior treatments, and the information noted in the above mentioned guidelines, radiofrequency denervation of this patient's Morton neuroma cannot be recommended. Surgical excision of the Morton's neuroma is recommended.