

<b>Case Number:</b>	CM15-0010603		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	02/03/2012
<b>Decision Date:</b>	03/17/2015	<b>UR Denial Date:</b>	12/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/16/2015

### 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: Illinois, California, Texas  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 sustained an industrial injury on 2/3/12. The diagnoses have included bilateral bunions, metatarsus adductus and rule out Morton's neuroma of the left first web space. The 8/12/13 left foot MRI revealed a medial bunion deformity, osteoarthritis at the first metatarsophalangeal joint and metatarsal/sesamoid articulations, and marrow edema in the cuboid bone. There was no evidence of abnormal masses or collections within the soft tissues of the foot. Treatment to date has included work modifications, medications, steroid injections, and physical therapy. On 11/18/14, the treating physician noted bilateral foot pain, more on the left. The physical exam revealed a normal gait and ability to toe/heel walk without difficulty. The injured worker was able to deep knee bend to about 50% of the way with provocation of pain. She has left toe pain with toe walking. The ankle range of motion was moderately decreased. The anterior drawer sign was negative. There was planovalgus posteriorly on the heel, bilateral bunions of the forefoot, and tenderness of the left first web space. Records indicated that the patient was diagnosed with Morton's neuroma between the left 2nd and 3rd interspace of the toes, and a second metatarsal osteotomy was recommended to unload the forefoot. On 12/18/14, utilization review non-certified a request for preoperative medical clearance and a request for left foot excision of third to fourth interspace neuroma, second metatarsophalangeal joint debridement, and osteotomy. The preoperative medical clearance was non-certified based on the lack of additional information detailing the injured worker's overall clinical presentation and the presence of underlying comorbidities. The left foot excision of third to fourth interspace neuroma, second metatarsophalangeal joint

debridement and osteotomy was non-certified based on the need for clarification of the location of the neuroma surgery, as the record indicated excision between the second and third interspace. There was no record of treatment regarding the forefoot offloading, which makes osteotomy unnecessary at this time. There was a lack of supporting imaging studies for debridement. The California Medical Treatment Utilization Schedule (MTUS), ACOEM (American College of Occupational and Environmental Medicine) Guidelines and the Official Disability Guidelines (Official Disability Guidelines (ODG) were cited.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Preoperative Medical Clearance between 12/15/2014 and 1/29/2015: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: " recommend preoperative physical examination in accordance with the patient's clinical history, comorbidities, and physical examination finding. The clinical records submitted for review did not identify the patient as having any active comorbidities such as diabetes, hypertension, or respiratory illnesses.

**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 between 12/15/2014 and 1/29/2015: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: "address osteotomy for painful hallux valgus only. As the documentation did not describe anticipated surgery on the patient's bunion, it only identified the osteotomy was to unload the forefoot. As there was no record of treatment regarding forefoot offloading, osteotomy is not appropriate at this time."

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 375. Decision based on Non-MTUS Citation Ankle and Foot: Arthroscopy; Osteotomy; Surgery for hallux valgus

**Decision rationale:** The California MTUS ACOEM guidelines recommend neuroma removals for patients with persistent pain in a web space despite conservative treatment. MTUS guidelines do not address osteotomy. The Official Disability Guidelines state that surgical osteotomy appears to be an effective treatment for painful hallux valgus. Guideline criteria have not been met. Records do not fully support the presence of a neuroma between the third and fourth interspaces. There is no imaging evidence of second metatarsophalangeal joint arthritis to support debridement. The medical necessity of osteotomy to off load the forefoot is not

established in the absence of a conservative treatment trial directed at forefoot offloading, and failure. Therefore, this request for left foot excision of third to fourth interspace neuroma, second metatarsophalangeal joint debridement, and osteotomy between 12/15/14 and 1/29/15 is not medically necessary.