

Case Number:	CM15-0011378		
Date Assigned:	01/28/2015	Date of Injury:	05/15/2012
Decision Date:	03/20/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/20/2015

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 46 year old female, who sustained an industrial injury on 05/15/2012. She was status post soft tissue release of a right foot Morton's neuroma at the first interspace on 6/24/13. The 6/18/14 right foot MRI demonstrated a non-enhancing cystic lesion just superficial to the flexor tendon of the second toe at the metatarsophalangeal joint, likely representing a ganglion cyst. An atypical neuroma could not be excluded. An additional cystic lesion was seen more proximally deep to the second flexor tendon, which may represent an additional ganglion cyst. Records indicated that the patient had constant right foot pain limiting her ability to stand and walk. Conservative treatment had included ibuprofen and injection without benefit. A progress note from the treating physician, dated 11/17/2014, cited throbbing pain of the right foot with inter-digital intermittent electric pain between the toes. Objective findings included positive tenderness of the right foot, inter-digital 1-2, 3-4; positive dysesthesias; and very tender second metatarsal and to lesser degree metatarsal great toe. The treating physician recommended surgery, excision of cyst plantar aspect right second metatarsal phalangeal joint. The treatment plan has included request for excision of cyst plantar aspect right second metatarsal phalangeal joint; prescription for Neurontin; and follow-up evaluation. On 12/22/2014 Utilization Review noncertified a prescription for Surgery Excision of Cyst Plantar Aspect Right Second Metatarsal Phalangeal Joint Surgery. The ODG was cited. On 01/07/2015, the injured worker submitted an application for IMR for review of a prescription for Surgery Excision of Cyst Plantar Aspect Right Second Metatarsal Phalangeal Joint Surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgery Excision of Cyst Plantar Aspect Right Second Metatarsal Phalangeal Joint

Surgery: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Ankle and Foot: Ganglion cyst removal

Decision rationale: The California MTUS guidelines do not address ganglion cysts. The Official Disability Guidelines recommend ganglion cyst removal if the cyst is painful, the ganglion is pushing directly on a nerve and can cause nerve damage, or the ganglion cyst is large enough to make wearing shoes difficult. Guideline criteria have been met. This patient presents with a painful right foot cyst, with MRI findings consistent with a ganglion cyst. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Therefore, this request for excision of cyst plantar aspect right second metatarsophalangeal joint surgery is medically necessary.