

Case Number:	CM15-0169795		
Date Assigned:	09/10/2015	Date of Injury:	10/01/2001
Decision Date:	11/02/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	08/28/2015

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: California, Indiana, Oregon
 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:

This 70 year old man sustained an industrial injury on 10-1-2001. The mechanism of injury is not detailed. Diagnoses include chronic pain syndrome, left foot pain secondary to neuroma requiring surgical intervention, C6 radiculopathy, left rotator cuff tear, left meniscal tear, right ulnar neuropathy, spasticity, and bilateral lower extremities radicular symptoms. Treatment has included oral medications. Physician notes dated 8-6-2015 show complaints of numbness and tingling to the bilateral lower extremities as well as radiating to the right thumb with electrical shock type pains down the arm into the thumb and radial nerve distribution. Physical examination shows tenderness to palpation of the right neck with radiculopathy, decreased sensation to the C6 distribution with radiculopathy, erythema to the bilateral lower extremities, and pain and tenderness to the plantar aspect of the foot between the fourth and fifth digits. Recommendations include electromyogram and nerve conduction studies of the bilateral lower extremities, follow up with surgical recommendations from podiatry, and Zanaflex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Excision of lesion, left nerve block, surgical tray: Upheld

Claims Administrator guideline: Decision based on MTUS Ankle and Foot Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm.

Decision rationale: CA MTUS/ACOEM is silent on neuroma excision. ODG forearm is referenced. Neuroma excision is indicated after failure of 3 months of appropriate therapies including: active and passive range of motion, adaptive modalities including TENS, contrast baths, & hydrotherapy. Once these treatments have failed, surgical treatment can include excision, re-implantation into muscle or bone or simple neurolysis. In this case, there is inadequate documentation of the types of conservative care trialed to establish the necessity of the request.

Surgical post-op shoe: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Associated surgical service: Functional orthotics, right and left, casting, molding supplies: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Associated surgical service: Range of Motion Bilateral: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Associated surgical service: Gait exam bilateral: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.