

<b>Case Number:</b>	CM15-0021314		
<b>Date Assigned:</b>	02/10/2015	<b>Date of Injury:</b>	11/29/1979
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	01/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2015

### 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  
 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 76-year-old male, who sustained an industrial injury on January 29, 1979. He has reported continued cervical and lumbar pain, right foot pain and fourth intermetasal pain. The diagnoses have included recurrent neuroma of the fourth intermetasal, carpal tunnel and ulnar nerve surgery. Treatment to date has included radiographic imaging, diagnostic studies, multiple surgical interventions of the cervical spine and right foot, conservative therapies, orthotics and pain medications. Currently, the IW complains of chronic right foot pain, cervical pain and lumbar pain with associated tingling and numbness of the upper extremities and hands. The injured worker reported an industrial injury in 1976, resulting in chronic right foot pain, neck pain and back pain. He reported multiple surgical interventions and conservative therapies without complete resolution of the pain. Claimant is status post on 5/15/13 surgery for recurrent neuroma of the right 4th intermetatarsal space. On January 13, 2015, evaluation revealed continued pain. It was noted on exam there was a lot of scar tissue, pain and decreased range of motion. It was noted he may benefit from orthopedic bracing of the right ankle and further surgical intervention. On January 20, 2015, evaluation revealed continued pain. Electromagnetic nerve studies were requested. On January 13, 2015, Utilization Review non-certified a request for right foot decompression of the fourth intermetatarsal space and removal of a small cyst, preoperative medical clearance by a specialist. This includes a EKG, chest x-ray and lab work., noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On January 15, 2015, the injured worker submitted an application for IMR for review of requested right foot

decompression of the fourth intermetatarsal space and removal of a small cyst, preoperative medical clearance by a specialist to include EKG, chest x-ray and lab work.

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

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

**Right foot decompression of the fourth intermetatarsal space & cyst removal:** Upheld  
**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374-375.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374-375.

**Decision rationale:** According to the CA MTUS/ACOEM guidelines Chapter 14 (Ankle and Foot Complaints), pg 374-375, Referral for surgical consultation may be indicated for patients who have: Activity limitation for more than one month without signs of functional improvement. Failure of exercise programs to increase range of motion and strength of the musculature around the ankle and foot. Clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. The guidelines go onto to recommend referral for early repair of ligament tears is controversial and not common practice. Repairs are recommended for chronic instability. In this case there is insufficient evidence of the exam note from 1/13/15 of significant pathology to warrant surgery. There is lack of documentation of failure of physical therapy or exercise program for the patient's complaints. There is lack of evidence in the records of a recurrent neuroma or cyst. Therefore, the guideline criteria have not been met and determination is for non-certification.

**Pre-op medical clearance by specialist to include EKG, chest x-ray and labs:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California Official Medical Fee Schedule, General Surgery Information, page 92-93.

**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.

**Post-op shoe:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Walking Aids.

**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.

**Post-op physical therapy x 8 for right foot:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**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.