

Case Number:	CM15-0065531		
Date Assigned:	04/15/2015	Date of Injury:	09/26/1995
Decision Date:	05/11/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/06/2015

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: New York

Certification(s)/Specialty: Podiatrist

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 63-year-old male who sustained an industrial injury on 09/26/1995. Current diagnosis includes traumatic Morton's neuroma. Previous treatments included medication management, and injections. Report dated 03/19/2015 noted that the injured worker presented with complaints that included right foot pain. Pain level was rated as xx out of 10 on the visual analog scale (VAS). Physical examination was not included. The treatment plan included request for surgery. Disputed treatments include 1 removal/excision of a Morton's neuroma, right foot third interspace.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Removal/ Excision of a Morton's Neuroma, Right foot third interspace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374-5, 375, 377.

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

Decision rationale: It is well documented in the chart notes that this patient has been treated for many months for his painful interdigital neuroma. He has undergone local steroid injections to the neuroma area, Celebrex, soma, and vicodin. Patient advises of pain and cramping to the 3,4 toes right side, pain has been unresponsive to conservative care. The MTUS guidelines are noted below with regards to neuromas: Surgical Considerations 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. Earlier, emergency consultation is reserved for patients who may require drainage of acute effusions or hematomas. Referral for early repair of ligament tears is controversial and not common practice. Repairs are generally reserved for chronic instability. Most patients have satisfactory results with physical rehabilitation and thus avoid the risks of surgery. If there is no clear indication for surgery, referring the patient to a physical medicine practitioner may help resolve the symptoms. Neuroma: If a patient with a neuroma has persistent pain in a web space despite using toe separators, along with temporary relief from local cortisone injections, surgical removal of the neuroma may be indicated. Besides the usual counseling about possible wound complications and complications of anesthesia, the patient can be informed that the operation is not always effective because the surgeon may be unable to find the neuroma and excise it. Always counsel the patient about expectations for surgery so that he or she can make an informed decision about whether or not to proceed with surgery. After review of the enclosed information, there does not appear to be any record of the patient failing toe separators (which is a requirement before surgery). Furthermore, there is no documentation of an imaging study to solidify the diagnosis of a neuroma.