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## Independent Medical Review Final Determination Letter

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

Dated: 12/30/2013

<b>IMR Case Number:</b>	CM13-0017831	<b>Date of Injury:</b>	11/01/2004
<b>Claims Number:</b>	[REDACTED]	<b>UR Denial Date:</b>	08/23/2013
<b>Priority:</b>	STANDARD	<b>Application Received:</b>	08/28/2013
<b>Employee Name:</b>	[REDACTED]		
<b>Provider Name:</b>	[REDACTED]		

DEAR [REDACTED]

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH  
Medical Director

cc: Department of Industrial Relations, [REDACTED]

## HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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 physician 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/services.

### DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

### CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 53 year old female injured November 1, 2004 sustaining an injury to the left lower extremity. The clinical records indicate a diagnosis of painful fibular sesamoiditis with chronic arthrosis secondary to work compensation injury as well as capsulitis of the joint of the metatarsal phalange (MTP) of the left foot. A recent clinical assessment August 8, 2013 by the treating physician [REDACTED] M.D. indicates the patient is status post a 2006 lysis of adhesions to the dorsal aspect of the great toe with current subjective complaints of pain about the ankle and foot with prolonged activity. The physical examination showed tenderness over the first and second metatarsal with prior incision well healed, the MTP was with tenderness with range of motion with decreased range of motion of the DIP of the great toe noted. Reviewed at that time was an MRI scan left foot November 28, 2012 showing edematous change to the second cuneiform with degenerative changes to the first MTP joint. A recent CT scan July 22, 2013 showed posterior and plantar calcaneal spurring with the examination otherwise normal.

### IMR DECISION(S) AND RATIONALE(S)

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

**1. The removal of a fibular sesamoid of the left foot, and the excision of any scar tissue and release of any nerve in the first interspace is not medically necessary and appropriate.**

The Claims Administrator did not cite any evidence based criteria for its decision.

The Physician Reviewer based his/her decision on the ACOEM Practice Guidelines, 2<sup>nd</sup> Edition (2004), Chapter 14, Ankle/Foot Complaints, pages 374-375, which is part of the MTUS.

The Physician Reviewer's decision rationale:

The guidelines are silent regarding fibular sesamoid excision however in regards to the surgical neuroma procedures, documentation of failed treatment including diagnostic response to injection therapy would need to be documented. In this case, there is not documentation in the medical records provided for review that an adequate course of conservative care has taken place such as would satisfy guideline requirements for surgical referral and or excision of neuroma. CA MTUS guidelines for surgery require clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair and 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. As these criteria are not documented within the available record, the surgical procedures as requested cannot be recommended as medically necessary. **The surgical intervention for the left foot is not medically necessary and appropriate.**

/dso

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[REDACTED]

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