

<b>Case Number:</b>	CM13-0014603		
<b>Date Assigned:</b>	10/08/2013	<b>Date of Injury:</b>	09/03/2010
<b>Decision Date:</b>	01/29/2014	<b>UR Denial Date:</b>	08/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/22/2013

### 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 Internal Medicine 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. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 59-year-old male who reported an injury on 09/02/2010. The patient was status post hallux valgus correction to the right foot. The patient received a course of postoperative physical therapy. The patient's most recent physical examination revealed the patient was in full weight-bearing status with a Cam walker, and complaints of anticipated postsurgical pain to the foot. The patient's range of motion was described as 40 degrees in flexion, 30 degrees in extension, 20 degrees in inversion, and 15 degrees in eversion bilaterally. The patient's diagnoses included status post hallux valgus correction, removal of fixation of the right 2nd toe, retracted internal fixation with injection of the 2nd toe, status post hammertoe correction of the 2nd toe, osteomyelitis of the right 2nd toe, painful gait, and osteoarthritic changes of the 1st metatarsophalangeal joint with joint effusion based on the MRI. The patient's treatment recommendations were to continue physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PT of the Right Foot:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle and Foot Chapter, Physical Therapy.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 14.

**Decision rationale:** The requested PT of the right foot is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends 9 visits of postsurgical physical therapy for a hallux valgus correction. The clinical documentation submitted for review does indicate that the patient previously participated in postsurgical physical therapy. However, the number of visits the patient has already participated in was not specifically identified. Additionally, the request does not include duration of treatment to allow for timely re-assessment. As there is no way to determine whether the patient has been transitioned into a home exercise program and the requested treatment does not have a duration that allows for timely re-assessment, the requested physical therapy of the right foot is not medically necessary or appropriate.