

Case Number:	CM13-0035503		
Date Assigned:	01/29/2014	Date of Injury:	07/21/2013
Decision Date:	04/30/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/17/2013

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. The expert reviewer is Board Certified in Occupational 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 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/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 applicant is a Panda Restaurant Group, Incorporated employee who has filed a claim for toe pain reportedly associated with an industrial contusion injury of July 21, 2013. A clinical progress note of September 11, 2013 is notable for comments that the applicant is no longer wearing a hard sole shoe. The applicant is reportedly doing better status post crush injury with tuft fracture of the right great toe. The applicant does have limited range of motion secondary to guarding and pain. A nine session course of physical therapy was endorsed, along with modified duty work. In an October 3, 2013 physical therapy initial evaluation, it was suggested that the applicant had issues with gait derangement but was working full time with restrictions in place. The applicant apparently injured herself while dropping a heavy roll of coins on her foot. The applicant is a cashier and has to perform extensive standing and walking, it was suggested.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 3 TIMES A WEEK FOR 3 WEEKS: Overturned

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

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

Decision rationale: The MTUS does not address the topic of physical therapy duration for acute injuries. As noted in the ODG foot and ankle chapter physical therapy topic, a general course of 12 sessions of treatment is recommended for fracture of one or more phalanges of the foot, the issue present here. While ODG does typically endorse initial delivery of therapy through a six-session clinical trial, in this case, the applicant apparently has extensive standing and walking demands in her role as a cashier. She had apparently returned to modified duty work as of the date of the utilization review report, implying that she was intent on recovery. Given the applicant's job demands and reported pronounced impairment in terms of difficulty ambulating appreciated on the office visits in question, and the fact that the request is consistent with the overall course recommended in ODG for acute fractures of one or more phalanges of the foot, the request is certified as written.