

Case Number:	CM13-0063836		
Date Assigned:	06/09/2014	Date of Injury:	05/18/2013
Decision Date:	07/29/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/10/2013

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 Physical Medicine & Rehabilitation 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 injured worker is a 31-year-old male who reported an injury on 05/18/2013. The injury occurred when a machine was turned on by a colleague and his foot was stuck between 2 bands crushing his left foot. On 11/20/2013, the injured worker presented with continued pain under his left 4th metatarsophalangeal joint. Upon examination, there was tenderness to palpation of the plantar aspect of the left 4th metatarsophalangeal joint and unstable to distraction and dorsal drawer when compared to the lesser digits. There was mild edema and a semirigid hammertoe developing to the left 4th toe. There was also mild dorsal contracture at the left 4th metatarsophalangeal joint. The MRI of the left foot revealed a partial plantar plate rupture of the left 4th metatarsophalangeal joint. Prior therapy included immobilization, taping, and medication. The provider recommended 12 post-op physical therapy visits to the left foot, with no rationale provided. The request for authorization from was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 POST OP PHYSICAL THERAPY VISITS FOR THE LEFT FOOT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: MTUS Guidelines state exercise program goals should include strength, flexibility, endurance, coordination, and education. Injured workers can be advised to do early as needed exercises at home by a therapist. For postsurgical treatment, the guidelines recommend 9 visits over 8 weeks with a treatment period of 4 months. The provider's request for 9 post-op physical therapy visits for the left foot exceeds the recommendation of the guideline. Furthermore, there was a lack of documentation in regard to the injured worker's surgery and whether it was authorized or scheduled. The provider's request also did not indicate the frequency of the requested visits. As such, the request is not medically necessary.