

<b>Case Number:</b>	CM13-0071231		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	04/04/2008
<b>Decision Date:</b>	05/30/2014	<b>UR Denial Date:</b>	11/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/26/2013

### 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 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 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:

This 66-year-old male maintenance man sustained a left great toe hyperextension injury on 4/4/08, lowering a flag pole. The 12/2/08 left foot MRI showed no evidence of a fracture or healed fracture of the left great toe or interphalangeal joint of the great toe. Findings were suspicious for some disruption of the first metatarsal head of the left foot. The 11/5/13 treating physician report indicated that the patient was most recently seen on 6/11/13 when custom shoe inserts and extra depth work boots were fitted and dispensed. Work restrictions included self-regulated walking and standing. The patient had finished a course of physical therapy, but not recently, and 6 visits were now reasonable for left foot pain. The treating physician expected periodic painful flare-ups given the findings of severe degenerative arthrosis of the 1st metatarsophalangeal joint with proliferative spurs, impinging on adjacent nerves. He opined that physical therapy would probably help on a temporary basis. There were no current subjective or objective findings documented. The 11/27/13 utilization review partially certified the request for 6 physical therapy visits to allow 2 additional visits for instruction and oversight of an independent program of exercise and strengthening.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY 6 VISITS FOR THE LEFT FOOT:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 99. Decision based on Non-MTUS Citation ODG Ankle & Foot (updated 8/19/13) Physical Therapy (PT); Ankle/foot Sprain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98-99.

**Decision rationale:** Under consideration is a request for 6 physical therapy visits for the left foot. The California MTUS guidelines recommend that all therapies be focused on the goal of functional restoration rather than merely the elimination of pain. Passive therapies may be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Guideline criteria have not been met. There is no indication of current subjective complaints, objective findings, or functional deficits to be addressed by physical therapy treatment. A flare is suggested but there is no documented functional loss. The 11/27/13 utilization review partially certified 2 visits to allow for instruction and oversight of an independent home program. There is no compelling reason to support the medical necessity of treatment beyond the 2 visits certified. Therefore, this request for 6 physical therapy visits for the left foot is not medically necessary.