

Case Number:	CM13-0072202		
Date Assigned:	01/08/2014	Date of Injury:	04/11/2013
Decision Date:	04/30/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	12/30/2013

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 Podiatry 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 patient is a 52-year-old male who reported an injury on 04/11/2013. The patient reportedly sustained a 1 cm laceration in the sole between the great toe and 2nd toe secondary to a crush injury. The patient underwent left great toe pin fixation on 05/07/2013. The patient is currently diagnosed with crush injury to the left foot, fractured proximal phalanx of the 2nd, 3rd, and 4th toes on the left foot, and status post pin fixation to the left great toe. The patient was recently evaluated on 12/02/2013 by the physician assistant, [REDACTED]. The patient reported ongoing pain in the left great toe. The patient has completed 17 postoperative physical therapy treatments to date. Physical examination revealed intact sensation, 5/5 motor strength, mild tenderness to palpation of the left great toe, and adequate range of motion in the 2nd and 3rd toes with 20 degree flexion of the left great toe. Treatment recommendations at that time included 6 additional postoperative physical therapy treatments at twice per week for 3 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2 X WEEK X 3 WEEKS LEFT FOOT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10,13-14.

Decision rationale: California MTUS Guidelines state the initial course of therapy means one half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations. Postsurgical treatment following a fracture of one or more phalanges of the foot includes 12 visits over 12 weeks. The patient has exceeded guideline recommendations by completing 17 postoperative physical therapy treatments to date. The current request for an additional 6 sessions would further exceed guideline recommendations. There is no documentation of the patient's previous course of physical therapy. Without evidence of objective functional improvement, ongoing treatment cannot be determined as medically appropriate. As such, the request is non-certified.