

<b>Case Number:</b>	CM14-0004222		
<b>Date Assigned:</b>	02/05/2014	<b>Date of Injury:</b>	01/29/2011
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	12/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/10/2014

### 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 and 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 55-year-old male who reported an injury on 01/29/2011. The mechanism of injury was a crushing injury to the right foot. Per the operative report dated 09/27/2013, the injured worker underwent a first metatarsophalangeal joint cheilectomy right foot and arthrotomy first metatarsophalangeal joint of the right foot. Per the physical therapy note dated 12/05/2013, the injured worker attended twelve (12) sessions of physical therapy from 10/23/2013 to 12/05/2013. The request for authorization for medical treatment was not in the clinical documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY (PT) THREE (3) TIMES A WEEK FOR THREE (3) WEEKS FOR THE RIGHT FOOT:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS GUIDELINES

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: POST-SURGICAL TREATMENT GUIDELINES, HALLUX RIGIDUS, 14

**Decision rationale:** The Postsurgical Treatment Guidelines recommend nine (9) physical therapy visits for hallux rigidus surgery over eight (8) weeks, with a treatment period of four (4) months. The injured worker had already attended physical therapy from 10/23/2013 to 12/05/2013, and his range of motion was reported as greatly improved. There was no documentation regarding the injured worker's participation in a home exercise program. The injured worker has participated in twelve (12) physical therapy sessions to date. As the injured worker has already surpassed the recommended treatment guidelines, as well as being beyond the treatment period, the request for physical therapy three (3) times a week for three (3) weeks is not medically necessary.