

<b>Case Number:</b>	CM14-0006718		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	08/09/2013
<b>Decision Date:</b>	08/04/2014	<b>UR Denial Date:</b>	12/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/17/2014

### 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 and Washington. 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 40-year-old male who reported an injury on 08/09/2013. The mechanism of injury was noted as a bobcat ran over the injured worker's left foot. As documented on the clinical note dated 12/12/2013, the injured worker complained of left foot and ankle pain. The physical examination noted tenderness to palpation at the first transmetatarsal (TMT) joint on the medial aspect and tender to palpation in the anteromedial ankle. The injured worker's diagnoses included healed left fibular shaft fracture, probable left ankle post-traumatic arthropathy and left posterior medial midfoot arthritis with subluxation. Previous treatments included physical therapy and home exercise program. Medications were not noted within the documentation provided. The provider's request was for physical therapy x6 left foot. The request for authorization form and rationale were not included within the documentation submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY TIMES 6 LEFT FOOT:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN MEDICAL TREATMENT GUIDELINES.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** The request for physical therapy times 6 left foot is non-certified. The injured worker had a Lisfranc fracture dislocation, proximal phalanx fracture of the 2nd toe, and fibular shaft fracture of the left foot and has undergone surgery for repair. The California MTUS recommendation of postsurgical physical medicine treatment for fracture of 1 or more phalanges of the foot is 12 visits over 12 weeks. The documentation submitted noted the injured worker has attended 8 visits of physical therapy as of 12/09/2013. The documentation further notes that physical therapy progress is slow due to pain. However, there is a lack of documentation to indicate any current functional deficits that are being improved with current physical therapy. In addition, there is a lack of documentation to indicate medication use in conjunction with physical therapy is not providing symptomatic relief to aid in functional improvement. As with the guidelines recommendations of 12 visits, the injured worker has attended 8 and the requested treatment plan of 6 would exceed the maximum number of visits. There was a lack of documentation to indicate continued improved functional capability that would warrant additional therapy beyond the maximum recommendation. Based on the above noted, the request is non-certified.