

<b>Case Number:</b>	CM14-0012024		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	08/24/2011
<b>Decision Date:</b>	07/17/2014	<b>UR Denial Date:</b>	01/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/30/2014

### 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 Occupational Medicine 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 48-year-old female who has submitted a claim for cervical strain, lumbosacral sprain with radicular symptoms, flail distal phalanx right third toe, sensory loss of right foot, crush injury right foot, s/p partial amputation of 4th and 5th digits of right foot, associated with an industrial injury date of August 24, 2011. Medical records from 2013 through 2014 were reviewed. The latest progress report, dated 02/24/2014, showed ongoing pain of the right foot and toes with some catching of the 3rd toe while ambulating. Also, there were ongoing neck and low back pain. Physical examination revealed right ankle has limited range of motion with no associated tenderness. The distal 4th and 5th digits of the right foot were amputated. She was unable to do range of motion of the 2nd to 5th digits on the right foot. There was minimal limitation in range of motion of the 1st digit of the right foot. There was tenderness of the left trapezius muscle and limited range of motion of the cervical spine. There was decreased sensation to the distal right median nerve. The shoulders were not tender but there was minimal limitation of range of motion. Neurological examination of the lower extremities revealed loss of sensation of all digits and lateral side of the right foot. Decreased sensation of the lateral right leg was noted. There were weakness of the right extensor hallucis longus and right psoas muscle. Treatment to date has included multiple surgeries of the right foot which included ORIF of the second metatarsal and partial amputation of distal 4th and 5th toes (2011), 6 sessions of physical therapy and medications. Utilization review from 01/20/2014 denied the request for another 12 sessions of physical therapy for all body parts because there were no subjective benefits noted from physical therapy. Likewise, no objective improvement from physical therapy was documented. There was also no documentation as to why the patient was not able to continue with rehabilitation on a home exercise program basis.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**ANOTHER 12 SESSIONS OF PT FOR ALL BODY PARTS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy.

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

**Decision rationale:** According to page(s) 98-99 of the Chronic Pain Medical Treatment Guidelines, active therapy is recommended for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. In addition, guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less plus active self-directed home physical medicine. In this case, the patient completed 6 sessions of physical therapy. The rationale for requesting additional sessions of PT was to regain the loss in range of motion and strength in order to enhance the healing process. However, there is no clear documentation of functional improvement derived from the previous sessions. Moreover, there was also no documentation as to why the patient was not able to continue with rehabilitation on a home exercise program. Therefore, the request for additional 12 sessions of physical therapy for all body parts is not medically necessary.