

<b>Case Number:</b>	CM14-0013446		
<b>Date Assigned:</b>	02/26/2014	<b>Date of Injury:</b>	09/03/2013
<b>Decision Date:</b>	06/26/2014	<b>UR Denial Date:</b>	01/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2014

### 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 Texas. 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 38-year-old male who sustained an injury to his left foot on 09/03/13 when a large gate ran over his foot. Plain radiographs of the left foot revealed a fractured little toe and a crush injury to the left foot. Treatment to date has included physical therapy and treatment with medications. A progress report dated 01/07/14 noted that the injured worker is progressing with physical therapy. He continued to complain of sharp pain in the lateral left foot. Ambulation in tennis shoes with excellent gait. Physical examination noted no tenderness or swelling; dorsiflexion 12°, plantar flexion 35°, pronation 50°, supination 35°. The injured worker was noted to have met some of his goals in physical therapy and was recommended for additional visits to address remaining functional deficits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PT (2)TIMES A WEEK TIMES (4) WEEKS FOR LEFT FOOT/TOE AT [REDACTED]**  
[REDACTED] Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, CHAPTER PHYSICAL. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - TWC Treatment Integrated Treatment/Disability Duration Guidelines, Ankle & Foot (Acute & Chronic) Procedure Summary, p. 11.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and foot chapter, Physical therapy (PT)

**Decision rationale:** The request for physical therapy two times a week for four weeks for the left foot/toe at [REDACTED] is not necessary. The previous request was denied on the basis that the injured worker is 16 weeks status post date of injury and that he has been treated conservatively with eight visits of physical therapy. The ODG recommends up to 12 visits over 12 weeks for the diagnosed injury, with allowing for fading of treatment frequency from up to three visits per week to one or less, plus active self-directed home physical therapy. There was no indication that the patient was actively participating in a home exercise program. There was no additional significant objective clinical information provided that would support the need to exceed the ODG recommendations, either in duration or frequency of physical therapy visits. Given the clinical documentation submitted for review, medical necessity of the request physical therapy two times a week of four weeks for the left foot/toe at [REDACTED] has not been established. Recommend non-certification. The request is not medically necessary and appropriate. [REDACTED]