

Case Number:	CM14-0121184		
Date Assigned:	08/06/2014	Date of Injury:	07/23/2008
Decision Date:	09/11/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	07/31/2014

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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 73 year old male with a work injury dated 7/23/08. The diagnoses include status post hammertoe correction second and third toes on 1/31/14; rocker bottom deformity; retained hardware midfoot, absorption of allograft bone. Under consideration is a request for physical therapy 2 times a week for 4 weeks. There is a primary treating physician report dated 6/16/14 that states that the patient returns today for evaluation of his right foot. He is status post claw-toe/ hammertoe correction of the second and third toes with flexor digitorum longus transfer to the proximal phalanx. He is transitioning back to regular footwear. He had some custom-molded orthotics made which fit really well. However, his custom molded shoes did not fit properly and he took them back. He found an off the shelf shoe/boot that seems to fit better and holds his orthotics well. However, he needs some reinforcement around the ankle to better stabilize the tibiotalar joint. On exam there is mild swelling over the midfoot and forefoot. The second and third toes are in excellent alignment. He has a rocker bottom deformity. Previous surgical incisions are well healed without erythema or signs of infection. X-rays reveal a rocker bottom foot with retained broken hardware in the midfoot and absorption of the allograft. There is no significant change from previously. The second and third toes and metatarsal phalangeal joints are well-reduced. The treatment plan states that he needs modifications of his current shoes. Overall he has improved and his gait has improved. There is a 7/9/14 physical therapy progress note that states that the patient has been seen for 13 aquatic visits and continues to work with good effort towards decreasing pain and increasing range of motion and strength in the right ankle and foot. The injured worker has progressed to performing step work within water as well as dynamic balancing activities. While balance and strength are slowly improving, the injured worker continues to present with poor balance during

activities of daily living and ambulation due to overall weakness in bilateral lower extremities. At this time, injured worker has 4 aquatic visits remaining and will benefit from additional physical therapy visits with transition to land in order to progress strengthening program, stabilize the right ankle/foot, and to learn exercises and activities to complete at home once therapy sessions have been completed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 times a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): p.98-99, Postsurgical Treatment Guidelines Page(s): 14.

Decision rationale: Physical Therapy 2 times a week for 4 weeks is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines and Post-Surgical guidelines. The patient has had at least 13 physical therapy sessions already. He has already exceeded the recommended guidelines of therapy for this condition. He should be versed in a home exercise program. There are no extenuating factors that would require 8 more sessions of supervised therapy beyond what was already approved. The request for Physical Therapy 2 times a week for 4 weeks is not medically necessary.