

<b>Case Number:</b>	CM14-0179416		
<b>Date Assigned:</b>	11/03/2014	<b>Date of Injury:</b>	01/20/2014
<b>Decision Date:</b>	12/10/2014	<b>UR Denial Date:</b>	10/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2014

### 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 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 traumatic amputation of the right foot at work when a forklift ran over his right foot on 01/20/2014. He is reported to be complaining of tingling in the amputated toe, phantom pain, pain in the ball of his foot and dorsal right foot pain. The physical examination revealed well healed amputation site with forefoot tenderness and stiffness. The worker has been diagnosed of status post right 2nd toe amputation, crush injury to right foot, phantom pain right 2nd toe, contractures remaining toe. Treatment has included foot surgery on 01/21/14, chiropractic care, and Tylenol. At dispute is the request for Physical Therapy, 2 x 8 for the right foot.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy, 2 x 8 for the Right Foot:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 13.

**Decision rationale:** The medical records provided for review indicates a medical necessity for Physical Therapy, 2 x 8 for the right foot. The MTUS recommends 48 visits of physical therapy

over 26 weeks during a postsurgical physical medicine treatment period of 12 months for post-replantation amputation of foot; 48 visits over 26 weeks of postsurgical physical medicine treatment period of 12 months for post-amputation treatment of the amputation of the foot; and 20 visits over 12 weeks of postsurgical physical medicine treatment period: 6 months Post toe-replantation surgery. The records indicate the injured worker had not started physical therapy as at the 03/10/2014 visit with the provider. When the injured worker visited again on 08/27/14 the provider had not had any feedback regarding the status of the physical therapy request, therefore, it is uncertain whether the injured worker has had any physical therapy at all. Nevertheless, even if the injured worker has had the eight therapy sessions, the additional request does not exceed the recommended post toe amputation physical therapy visits. The requested treatment is medically necessary.