

Case Number:	CM14-0184461		
Date Assigned:	11/10/2014	Date of Injury:	05/18/2013
Decision Date:	12/15/2014	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	11/04/2014

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 Orthopedic Surgery, 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:

This 31-year-old male sustained an industrial injury on 5/18/13. Injury occurred when his left foot was caught in the conveyor belt while working as a packer. Initial x-rays diagnosed a closed fracture of the 4th phalanx. Conservative treatment included buddy taping, CAM walker, and work modification. The 9/26/14 treating physician progress report cited continued pain underneath his left 4th metatarsal phalangeal joint (MPJ). The patient reported pain for over one year and had not had any improvement with conservative treatment. He was taking ibuprofen on a daily basis. Physical exam documented tenderness to palpation of the plantar aspect of the left 4th MPJ. The MPJ was unstable to distraction and dorsal drawer. There was mild edema and mild dorsal contracture. The patient had a semi-rigid hammertoe redeveloping to the left 4th toe. MRI findings revealed a partial plantar plate rupture of the left 4th MPJ. The treatment plan recommended surgical correction to repair the left 4th MPJ plantar plate tear, possible flexor digitorum longus tendon transfer, and proximal interphalangeal joint arthrodesis left 4th toe. The 10/15/14 utilization review denied the request for post-op physical therapy as the associated surgical request was not found to be medically necessary at this time due to lack of documented guideline-recommended conservative treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Op Physical Therapy 2xwk X6wks Left Fourth Toe: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Post Surgical Rehabilitation Ankle & Foot.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 13-14.

Decision rationale: The California Post-Surgical Treatment Guidelines for surgical treatment of foot injuries, such as tendon repair, phalanx fracture repair, and hammertoe, suggest a general course of 9 to 12 post-operative visits during the 4 to 6 month post-surgical treatment period. An initial course of therapy would be supported for one-half the general course or up to 6 visits. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. Guideline criteria have not been met. The associated surgery request has not been established as medically necessary. This request exceeds guideline recommendations for initial post-op treatment. Post-op physical therapy would be reasonable upon surgical approval for up to 6 initial visits. Therefore, this request is not medically necessary.