

<b>Case Number:</b>	CM14-0055633		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	03/14/2012
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	03/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2014

### 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 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 patient is a 64-year-old male with a date of injury of 03/14/2012. The most recent progress report provided for review is by [REDACTED] from 08/15/2013. This report indicates the patient's diagnoses are: 1. Status post fracture of right big toe. 2. Osteoarthritis of 1st MTP joint. 3. Right foot strain. 4. Numbness to the right 1st and 2nd digit. This is a request for postoperative physical therapy 2 times a week for 6 weeks for the right toe by [REDACTED]. The medical file provided for review includes 3 progress reports, none which are from [REDACTED]. According to this progress report 08/15/2013, the patient presents with chronic musculoskeletal pain of the right big toe. The patient reports the pain is constant and sharp, and rated as 8-9/10 on a pain scale. It was recommended the patient continue with medications and a request was made for an orthopedic consultation. Utilization review 03/25/2014 discusses a progress report from 01/28/2014 which was not provided for my review. On this report, the patient complained of pain in the hallux. Physical examination demonstrated pain to palpation at the interphalangeal joint. Sensation was intact to light touch. The patient was diagnosed with traumatic arthropathy ankle and foot. Utilization review reports that there is a pending request for right toe hallux arthrodesis joint fusion. This is a request for postop physical therapy 2 times a week for 6 weeks for the right toe. The request was denied by UR on 03/25/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**POST-OP PHYSICAL THERAPY 2 X WK X 6 WKS RIGHT TOE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, ANKLE AND FOOT, PHYSICAL THERAPY

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Ankle & Foot.

**Decision rationale:** This patient presents with chronic pain in the hallux and has a diagnosis of traumatic arthropathy of the ankle and foot. The treater is requesting postoperative physical therapy 2 times a week for 6 weeks. For post operative physical medicine, the MTUS recommends for hallux valgus and hammer toe, 9 post surgical treatments over 8 weeks. There is no specific recommendation for fusion of the hallux. In this case, post operative physical therapy is not indicated as the requested right toe hallux arthrodesis joint fusion was denied. Recommendation is for denial.