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| <b>Case Number:</b>   | CM14-0064278 |                              |            |
| <b>Date Assigned:</b> | 07/11/2014   | <b>Date of Injury:</b>       | 09/26/2013 |
| <b>Decision Date:</b> | 09/15/2014   | <b>UR Denial Date:</b>       | 04/24/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/07/2014 |

### 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 Anesthesiology, has a subspecialty in Pain 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 60 year old female who suffered a crush injury to the right foot from a forklift on 09/26/13. The injured worker sustained an open Lisfranc fracture and underwent an ORIF on 03/07/13. The injured worker developed necrosis and underwent subsequent amputation of the great toe at the MTP joint and irrigation and debridement and flap coverage on 10/06/13. The injured worker complains of pain with ambulation to the right lower extremity. The injured worker reports pain in the second toe of the right foot with ambulation and hypersensitivity of the right foot. Records indicate the injured worker may be suffering from chronic regional pain syndrome (CRPS) of the right foot. The injured worker has participated in approximately 12 postoperative physical therapy visits and takes Cymbalta for mood and pain control. Physical therapy progress note dated 01/27/14 notes the injured worker has made progress with a good return to ADLs but continues to have tentativeness with stair climbing and long distance ambulation. It is noted that some of the injured worker's persisting limitations are due to her uneasiness. It is noted the injured worker's progress in ambulation has room for marked improvement. There are no subsequent physical therapy notes submitted for review. Clinical note dated 04/02/14 notes the injured worker is making progress with gait training, although not to the level anticipated. This note indicates the injured worker is not ready for modified duty due to edema and pain. It is expected the injured worker's complaints will resolve, but a timeline is difficult to assess. A request for additional physical therapy was submitted on 04/04/14 and was denied on 04/24/14 citing 12 previous visits and no documentation of functional improvement. Clinical note dated 05/13/14 notes the injured worker's swelling is much improved since the April visit but notes the injured worker continues to suffer from pain with ambulation. Physical examination notes the injured worker is hypersensitive to touch and seems to have a claw foot deformity that is not fully correctable. It is noted the injured worker's

ankle appears to be kept in varus by the tibialis anterior, thus explaining the injured worker's presenting lateral border foot pain, per the note. It is noted the injured worker "will now require possible reconstructive surgery to the right foot including a possible tibialis anterior transfer for her varus foot loading, as well as [for] the clawfoot deformity..."

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Physical Therapy 2x week x 6 weeks to the Right Foot:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines: Ankel and Foot, Physical Therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines apply and support physical therapy in certain conditions. Active therapy requires an internal effort by the individual to complete a specific exercise or task." Submitted records indicate surgical intervention is now being considered to address the injured worker's persistent and newly developed right foot complaints/conditions. This suggests restoration in flexibility, endurance and function is not anticipated to be achieved through physical therapy. Records also note the injured worker's persistent limitations are due, in part, to the injured worker's hesitations and tentativeness. As such, the internal effort as required by guideline recommendations is not clearly established. Moreover, records indicate the injured worker has participated in approximately 12 sessions of physical therapy to date. There are no objective measurements during or following this course of conservative treatment which outlines the injured worker's achieved functional improvements. Based on the clinical information provided, medical necessity of continued physical therapy at a rate of twice per week for six weeks for the right foot is not established.