

<b>Case Number:</b>	CM14-0083813		
<b>Date Assigned:</b>	08/22/2014	<b>Date of Injury:</b>	03/24/2014
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	05/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2014

### 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 & Rehabilitation, has a subspecialty in California 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:

The injured worker is a 33-year-old individual with an original date of injury of March 24, 2014. The injured worker has a recent history of right great toe and 2nd toe amputation at the metatarsal phalangeal level on 3/24/2014. The mechanism of injury was a crush injury from a concrete slab. The injured worker is documented as wearing boots and walking on crutches in a physical examination on March 31, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy x 12:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG- Integrated treatment /disability duration guidelines. Ankle & Foot (Acute & Chronic) Ankle PT.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99, Postsurgical Treatment Guidelines Page(s): 12-14.

**Decision rationale:** The California Code of Regulations Section 9792.20 on pages 12-14 describes guidelines for post-operative physical therapy in ankle and foot disorders as excerpted below: Amputation of toe (ICD9 895): Post-replantation surgery: 20 visits over 12 weeks\* Postsurgical physical medicine treatment period: 6 months "In the case of this injured

worker, the patient can get up to 20 visits of postsurgical physical therapy. The physical therapy note on May 2nd , 2014 outlines impairments in balance, flexibility, joint mobility, pain, and weakness. Although a physical examination in follow-up on March 2014 documented that the patient is doing well and walking in a boot, this does not obviate the need for physical therapy as suggested by the utilization reviewer. The request for 12 sessions of physical therapy is medically necessary.