

<b>Case Number:</b>	CM14-0094839		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	09/26/2013
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	06/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2014

### 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 California and Nevada. 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 injured on 09/26/13 when she sustained traumatic crush injury from a forklift to the right foot resulting in fracture dislocation of the first tarsometatarsal and open crush injury to the great toe. The injured worker was taken for surgical stabilization of her first ray with internal fixation and developed necrosis requiring debridement and flap coverage. The injured worker received physical therapy on once weekly basis; however the injured worker complained of persistent right foot pain hindering her rehabilitation progress to full mobility and eventual return to work. Clinical note dated 04/02/14 indicated the injured worker reported significant mood improvement and pain control following initiation of Cymbalta. Ongoing work with physical therapy on gait training led to ability to walk with cane. Physical examination revealed well healed wound, tender and hypersensitive to touch over the dorsum of forefoot, sensation throughout foot, warm and well perfused without hyperemia. The request for physical therapy two times a week for three weeks for the right foot and ankle, desensitizing technique, balance, gait, training and strengthening was non-certified on 06/04/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy two (2) times a week for three (3) weeks for the Right Foot and Ankle, Desensitizing Technique, Balance, Gait, Training, Strengthening: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Physical Medicine Guidelines Page(s): 99, Postsurgical Treatment Guidelines

Page(s): 13, 14. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle & Foot: Physical Therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, Physical Medicine Page(s): 98.

**Decision rationale:** Current guidelines recommend 20 visits over 12 weeks for the treatment of amputation of the toe and allow for fading of treatment frequency (from up to 3 or more visits per week to 1 or less), plus active self-directed home physical therapy. The documentatoin indicates the injured worker particated in post-operative physical therapy; however, there were no physical therapy notes provided to establish the number of session attended and any functional improvement obtained. There is no documentation of exceptional factors that would support the need for therapy that exceeds guidelines either in duration of treatment or number of visits. The medical necessity of the Physical Therapy Two (2) Times A Week For Three (3) Weeks For The Right Foot And Ankle, Desensitizing Technique, Balance, Gait, Training And Strengthening cannot be established at this time.