

<b>Case Number:</b>	CM15-0219834		
<b>Date Assigned:</b>	11/12/2015	<b>Date of Injury:</b>	10/27/2011
<b>Decision Date:</b>	12/30/2015	<b>UR Denial Date:</b>	10/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/09/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 53-year-old male, with a reported date of injury of 10-27-2011. The diagnoses include status post left foot reconstruction, left foot internal derangement, left foot recurrent hammertoes 2, 3, and 4; and left foot recurrent angular deformity of toes 2, 3, and 4. The medical report dated 08-05-2015 indicates that the injured worker had left foot and toe reconstruction. It was noted that he was trying to do more activity, and had pain in the forefoot. The injured worker was not currently doing therapy. The physical examination showed no acute distress; healed incisions; pain in the region of the plantar metatarsal heads; decreased swelling about the toes; tenderness at the fourth distal phalanx; and intact skin. It was noted that x-ray of the foot showed intact screw fixation; lucency of the distal interphalangeal joints; and no hardware failure. The injured worker's work status was noted as temporarily totally disabled. The medical report dated 09-16-2015 indicates that the injured worker had a left foot reconstruction. He reported no change in his symptoms, and he still had stiffness and swelling. It was noted that the injured worker walked with a limp. The physical examination showed no acute distress; an elevated third toe on the left foot; pain at the fourth toe at the DIP (distal interphalangeal) region; pain in the second toe DIP region as well; and stable metatarsophalangeal joints. It was noted x-rays of the left foot showed intact hardware; and non-union of the distal interphalangeal joint of the second and fourth toes. It was noted that the injured worker was temporarily and totally disabled. The diagnostic studies to date have included x-rays of the left foot on 06-09-2015 which showed stable hardware; no broken screws; no change in position of the screws; and no bridging at the DIP joint of the fourth toe; and x-rays of the left foot on 07-01-2015 which showed intact screws; non-union at the fourth toe; and

intact screws. Treatments and evaluation to date have included chiropractic treatment and left foot surgery on 02-26-2015. The request for authorization was dated 10-12-2015. The treating physician requested physical therapy two times a week for six weeks (work hardening). On 10-20-2015, Utilization Review (UR) non-certified the request for physical therapy two times a week for six weeks (work hardening).

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

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

**Physical therapy two times per week for six weeks (2x6); work hardening:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** The patient presents with stiffness and swelling, no change in his symptoms, stiffness and swelling and he ambulates with a limp. The current request is for physical therapy two times per week for six weeks (2x6); work hardening. The patient underwent left foot reconstruction on 2/26/15 as well as post-operative physical therapy. The patient is no longer in the post-operative treatment phase. The treating physician report states, "The patient has been approved for orthotics as well as use of a Morton's insert. He is not aware of this. He will have this fabricated. The patient is also recommended to complete his therapy as ordered if approved." The MTUS guidelines recommend 8-10 physical therapy sessions for myalgia and neuritis type conditions. In this case, the treating physician has requested 12 sessions which exceeds the MTUS recommendations. There is no new surgery, new injury, new diagnosis or any rationale provided for physical therapy that would justify exceeding the MTUS guideline recommendations. The current request is not medically necessary.