

Case Number:	CM15-0052606		
Date Assigned:	03/26/2015	Date of Injury:	01/16/2014
Decision Date:	05/05/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/19/2015

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: Minnesota, Florida
 Certification(s)/Specialty: Orthopedic Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 44-year-old male sustained an industrial injury to the left foot and lumbar spine on 1/16/14. Previous treatment included surgical amputation of the distal phalanges of the third and fourth toes, physical therapy, aqua therapy and medications. The injured worker was diagnosed with crush injury to the left third and fourth toes. In a podiatry consultation dated 1/26/15, the injured worker complained of ongoing pain in the foot at the fifth metatarsal and third toe. Physical exam was remarkable for antalgic gait, left foot with tenderness to palpation and difficulty with squatting, crouching, toe walking and toe standing. The physician noted a hypertrophic scar on the plantar aspect of the left third toe. Current diagnoses included amputations of the left third and fourth toes, crush injury to the left third and fourth toe, hypertrophic scar on the left third toe and painful gait. The treatment plan included revision of scar with advancement flap-closure of the left foot and associated surgical services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated Surgical Service: Interferential Unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential electrical stimulation Page(s): 118, 119.

Decision rationale: California MTUS chronic pain guidelines do not recommend interferential electrical stimulation as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with the recommended treatments, and limited evidence of improvement on those recommended treatments alone. Although it is proposed for treatment in general for soft tissue injury or for enhancing wound or fracture healing, there is insufficient literature to support interferential current stimulation for treatment of these conditions. As such, the request for interferential electrical stimulation is not supported and not medically necessary.

Post-Op Physical Therapy 3 Times A Week for 4 Weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 13.

Decision rationale: The injured worker sustained a crush injury of his left toes in a forklift accident. He has traumatic amputations of the third and fourth toes through the middle phalanges status post surgical repairs and subsequent physical therapy. There is a hypertrophied scar on the plantar aspect of the third toe, which is painful and interferes with his gait. Scar revision with a flap advancement is planned. Postoperative physical therapy requested 3x4. California MTUS postsurgical treatment guidelines do not include such surgery. However, the longest recommended physical therapy for toe surgery is for amputation of toe status post reimplantation, which is 20 visits over 12 weeks. The initial course of therapy is one-half of these visits which is 10. The request as stated is for 12 visits which exceeds the guideline recommendation and as such, the medical necessity of the request has not been substantiated. The treatment is not medically necessary.