

<b>Case Number:</b>	CM14-0162862		
<b>Date Assigned:</b>	10/08/2014	<b>Date of Injury:</b>	03/28/2012
<b>Decision Date:</b>	11/07/2014	<b>UR Denial Date:</b>	09/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/03/2014

### 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 Occupational Medicine and is licensed to practice in New York and North Carolina. 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 patient, a 53 year old woman, was originally injured 3/28/2012 when a large TV fell on her great toe while she was working as a police officer, searching a suspect's home. She is s/p skin graft from the left forearm to the great toe on May 9, 2014. She is s/p arthrodesis of the great toe in March 2014, which was complicated by necrosis, requiring a full thickness skin graft. She is diagnosed with lesion to the plantar nerve. She apparently had successful fusion, but subsequently fracture another part of the same toe. Apparently, per utilization review, the request was withdrawn for PT because of the immobilization required for the additional fracture. On 8/21/14, 6 visits of PT were approved for the left forearm. She reports improvement in left upper extremity. PM&R evaluation revealed a frozen shoulder but no CRPS, which had been suspected. He also felt her ongoing toe pain may be secondary to hardware. Per OT records, she had 12 visits of therapy by 9/29/14. The visit before that (9/24/14), however, indicates only 5 visits out of 6 had been completed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Twelve (12) Additional Physical Therapy evaluation and treatment sessions for Left great toe:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10-12, 14,.

**Decision rationale:** This patient has had physical therapy for the great toe. Additional surgery is planned for removal of hardware and revision of her graft (the flap is hypertrophic and deforming). Her fusion is stable. The physical therapy will not eliminate the discomfort of hardware, nor reduce the flap. She has good range of motion of the foot, except for the fused IP joint, as expected. The goal of therapy is not clear. The only rationale is that "she is responding well" to therapy and it should continue. There is no functional or objective measurement of improvement in her great toe with physical therapy noted in the records reviewed. Per the Post-surgical treatment guidelines of the MTUS, the medical necessity for post-surgical physical medicine treatment for any given patient is dependent on, but not limited to, such factors as the comorbid medical conditions; prior pathology and/or surgery involving same body part; nature, number and complexities of surgical procedure(s) undertaken; presence of surgical complications; and the patient's essential work functions. If postsurgical physical medicine is medically necessary, an initial course of therapy may be prescribed. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. The postsurgical rules for toe fractures are 12 visits over 12 weeks. This interval is long past. Although she doesn't have hallux rigidus, the arthrodesis may be similar. This is an additional 9 visits over 8 weeks, also passed. Therefore, the request of twelve (12) Additional Physical Therapy evaluation and treatment sessions for Left great toe is not medically necessary and appropriate.

**Twelve (12) Physical Therapy evaluation and treatment sessions Left arm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 203.

**Decision rationale:** Manipulation by a manual therapist has been recommended for frozen shoulder, but only for a few weeks because results decrease with time, per ACOEM shoulder treatment guidelines in the MTUS. The patient has already had at least 6 visits of therapy over 3-4 weeks, therefore, the twelve (12) Physical Therapy evaluation and treatment sessions Left arm are not medically necessary and appropriate.