

<b>Case Number:</b>	CM14-0212349		
<b>Date Assigned:</b>	01/02/2015	<b>Date of Injury:</b>	01/20/2014
<b>Decision Date:</b>	03/11/2015	<b>UR Denial Date:</b>	11/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/18/2014

### 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. 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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 38 year old male who got injured on 1/20/2014. The injured worker was in the usual course of his duties when his right foot got run over by a forklift resulting in traumatic amputation of the second digit and multiple fractures. On 10/29/2014 he followed up with his treating physician for his right foot. It was noted that he'd had 7 sessions of physical therapy with some improvement with range of motion and decrease in pain. he had been using a TENS unit twice a week with some temporary pain relief, he reports overall 20% improvement in his pain, had been casted for custom orthotics, he was having residual tingling at the amputation site, decreased range of motion in all 5 toes and pain in the ball of his when he does a lot of standing and walking. His pain is worse when he is walking without shoes. His physical exam was positive for paresthesia's near the second digit, discoloration of the stump of the second toe, right second toe has been amputated and is well healed, pars planus foot type, mild generalized tenderness to palpation of the forefoot with the point of maximal tenderness under the first ray, significant in the remaining toes of the right foot, there is tenderness and stiffness with range of motion of the metatarsophalangeal joints. His diagnoses include status post right second toe amputation, crush injury to the right foot, phantom pain right second toe, contractures and tightening of the remaining toes and stiffness of the metatarsophalangeal joints of the right foot. He had returned to full duty work. The treatment plan included additional physical therapy and continuation of TENs unit. On 11/5/2014 he was seen for follow up and to pick up his custom orthotics. It was noted that he had ongoing pain with limited range of motion and stiffness and additional physical was recommended, noting that a delay in physical therapy will

slow his progression. He had completed 8 sessions of physical therapy. The rest of the exam was essentially the same as the previous visit. The request is for 16 physical therapy visits for the right foot.

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

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

#### **16 physical therapy visits for the right foot: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 12th Edition (web), 2014, Ankle and Foot, Physical Therapy.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 361-386, Postsurgical Treatment Guidelines Page(s): 13. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot (Acute and Chronic), Physical Therapy (PT).

**Decision rationale:** Per ACOEM, instruction in home exercises may be considered. Except for cases of fractures, acute dislocations, or infection, patients may be advised to do early passive range of motion exercises at home. Instruction in proper exercise technique is important and instruction by a physical therapist can educate the patient about an effective exercise program. Per the Post-Surgical Treatment Guidelines and the ODG physical therapy is recommended. Exercise program goals should include strength, flexibility, endurance, coordination, and education. Patients can be advised to do early passive range-of-motion exercises at home by a physical therapist. Guideline recommendations include up to 20 visits over 12 weeks for amputation of toe post-replantation surgery, crushing injury of ankle/foot, medical treatment, 12 visits over 12 weeks, amputation of foot, post-replantation surgery, 48 visits over 26 weeks. A review of the injured workers medical records reveal a complex injury with traumatic amputation of the second toe, which was surgically revised as well as multiple fractures in his other toes, he is healing with limited range of motion and contractures and will be wearing orthotics, therefore in light of his complex clinical presentation as well as the guidelines the request for 16 physical therapy visits for the right foot is medically necessary.