

Case Number:	CM14-0212812		
Date Assigned:	01/13/2015	Date of Injury:	02/24/2014
Decision Date:	02/28/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	12/19/2014

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: California

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 patient is a 51 year old male with an injury date on 2/24/14. The patient complains of pain in the left hallux per 11/5/14 report. The patient continues to have pain secondary to the contusion injury to the left hallux per 11/5/14 report. The patient still ambulates with the use of the CAM walker, and still has trouble ambulating even when using the CAM walker per 11/5/14 report. The patient needs removal of a foreign body, MRI confirmed, in the foot, and possible repair of extensor hallucis longus tendon with advancement flap closure of the left foot per 9/10/14 report. Based on the 11/5/14 progress report provided by the treating physician, the diagnoses are: 1. Laceration of the left hallux 2. Contusion of the left hallux 3. Retained foreign body of the left hallux 4. Painful gait 5. Crush injury 6. Fracture of the proximal phalanx of the left hallux. X-rays demonstrate what appears to be an avulsion on the dorsal-medial aspect of the hallux which most likely is due to the impact of the saw on the toe, causing an avulsion fracture in the left hallux proximal phalanx. A physical exam on 11/5/14 showed "laceration present in left hallux. Antalgic ambulation and poor functionality. Limited range of motion and unable to dorsiflex the hallux at all because of pain that persists in the extensor hallucis longus tendon." The patient's treatment history includes medications (Naproxen, no narcotics due to GI issues), MRI left foot. The treating physician is requesting 18 sessions of physical therapy to the left foot. The utilization review determination being challenged is dated 12/18/14. The requesting physician provided treatment reports from 5/21/14 to 12/3/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eighteen sessions of Physical Therapy to the left foot: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: This patient presents with pain in the left hallux. The treater has asked for 18 sessions of physical therapy to the left foot on 11/5/14 "to improve functionality and range of motion of the left hallux." The patient still needs to have a foreign body removed from the left hallux, but has not yet had the surgery done yet per 11/5/14 report. Review of the reports do not show any evidence of recent physical therapy. MTUS guidelines allows for 8-10 sessions of physical therapy for various myalgias and neuralgias. In this case, the treater does not discuss what therapy treatment this patient has had. Based on available reports, there is no record of recent physical therapy, and a short course of treatment may be reasonable for a flare-up, declined function or new injury. However, the patient is not post-operative and the requested 18 sessions exceed what is allowed by MTUS for this type of condition. The request is not medically necessary.