

<b>Case Number:</b>	CM15-0118438		
<b>Date Assigned:</b>	06/26/2015	<b>Date of Injury:</b>	07/25/2013
<b>Decision Date:</b>	07/28/2015	<b>UR Denial Date:</b>	05/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 40 year old female sustained an industrial injury to the right foot on 7/25/13. The injured worker was diagnosed with a fracture of the great right toe. Previous treatment included ice, a stiff soled shoe, injections and medications. In an initial evaluation dated 5/15/15, the injured worker complained of right great toe pain with radiation into the side of the right foot and heel. Physical exam was remarkable for right foot with pain to palpation of the first metatarsalphalangeal joint complex and along the medial band of the plantar fascia with intact muscle strength. X-rays of bilateral feet showed status post bunionectomy with staple fixation of the right first metatarsal, mild dorsal exostosis of the right first metatarsalphalangeal joint and status post medial eminence resection of the left first metatarsal head. Current diagnoses included status post right great toe fracture, right first metatarsalphalangeal joint capsulitis and aggravation of previous bunion deformity of the right first metatarsalphalangeal joint. The physician recommended custom orthotics for bilateral feet, anti-inflammatory medications, right foot cortisone injections, physical therapy and right foot surgery consisting of right first metatarsalphalangeal joint dorsal exostectomy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy in treatment of the right foot, twice weekly for three weeks:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

**Decision rationale:** The claimant sustains a work injury in July 2013 with a right first toe fracture. When seen, treatments had included medications and modified footwear. There was decreased first MTP range of motion and tenderness. Imaging results showed findings of a bunionectomy. Authorization for 12 sessions of physical therapy was requested. In this case, the claimant's injury was more than six months ago. The chronic pain treatment guidelines apply. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended. The request is not considered medically necessary.