

Case Number:	CM15-0091477		
Date Assigned:	05/15/2015	Date of Injury:	06/27/2013
Decision Date:	06/23/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/12/2015

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: California

Certification(s)/Specialty: Family Practice

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 30 year old male, who sustained an industrial injury on June 27, 2013. He reported a forklift ran onto his right foot. The injured worker was diagnosed as having right foot crush injury to the forefoot, right foot partial traumatic amputation of the right third toe, and right foot status post irrigation, debridement, and completion of partial amputation of the right third toe at the level of the base of the middle phalanx. Treatment to date has included physical therapy, TENS, MRI, and medication. Currently, the injured worker complains of pain to the right ankle/foot/toes, with limited range of motion (ROM), and stiffness. The Primary Treating Physician's report dated April 15, 2015, noted the injured worker had completed four out of four physical therapy sessions for the right foot, helpful with increasing his strength, with the injured worker reporting his condition improved since previous visit. Physical examination of the right foot revealed tenderness to palpation in the first metatarsophalangeal joint dorsally, in the medial talonavicular joint, in the proximal phalanx of the great toe in the retrocalcaneal bursa with swelling and tenderness to palpation in the extensor digitorum longus tendon with resistance with dorsiflexion. The treatment plan was noted to include a request for authorization for eight sessions of physical therapy to the right ankle/foot. The injured worker was noted to be temporarily totally disabled.

IMR ISSUES, DECISIONS AND RATIONALES

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

2x4 Sessions of physical therapy to right ankle/foot: Upheld

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

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

Decision rationale: This patient receives treatment for chronic right foot symptoms since a work-related injury on 06/27/2013. The patient's diagnosis is right foot crush injury, partial amputation of the right third toe, and surgery for same. This review addresses a request for 8 additional sessions of physical therapy. The treatment guidelines consider physical therapy to be a form of passive therapy. As such, physical therapy is meant to provide a reduction in inflammation in the early phases of healing. These sessions are designed to be faded and replaced by a series of active treatments in the home. The patient ought to be at this phase of treatment, performing these exercises in the home. There are no new work-related injuries nor any post-operative conditions that would require more physical therapy at this time. The documentation shows that the patient has already received 24 PT sessions. Additional physical therapy sessions are not medically necessary.