

Case Number:	CM13-0014629		
Date Assigned:	10/04/2013	Date of Injury:	05/03/2012
Decision Date:	01/21/2014	UR Denial Date:	08/01/2013
Priority:	Standard	Application Received:	08/21/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine , has a subspecialty in Cardiology and is licensed to practice in Texas. 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 physician 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 is a 39-year-old male who reported an injury on 11/06/2011. The mechanism of injury was stated as the patient rolled his right foot while carrying supplies. His diagnoses are noted to include fracture of the right ankle and derangement of the right foot/ankle. His symptoms are noted to include right ankle pain rated as 5/10 to 6/10 at his visit on 05/31/2013. The objective findings noted palpable tenderness 4+, range of motion to 50%, and it stated no change to passive and active range of motion. In his 06/04/2013 report, [REDACTED] stated that the patient had reached maximum medical improvement and is considered permanent and stationary for rating purposes. It was noted that the patient's future medical care would include possible peroneal tendon sheath injection with some corticosteroid, use of over the counter analgesic medications, use of gel insoles for his shoes, a 1 time consultation with a foot and ankle specialist would be possible, and it was stated that the patient did not require any future imaging studies or chiropractic treatment in the future.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua Therapy two (2) times a week for six (6) weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22.

Decision rationale: The Physician Reviewer's decision rationale: California MTUS Guidelines state that aquatic therapy is recommended as an optional form of exercise therapy as an alternative to land based physical therapy. It further states that aquatic therapy can minimize the effects of gravity, so it is specifically recommended where reduced weightbearing is desirable. As the patient's recent physical exam findings did not include objective functional deficits, he was recently noted to be at maximal medical improvement, and there was no documentation regarding the patient's need for reduced weight-bearing exercise, the request is not supported. Therefore, the requested service is non-certified

Back Brace: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: The Physician Reviewer's decision rationale: CA MTUS/ACOEM states lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The clinical information submitted for review does not show that the patient is having subjective or objective findings related to his low back. Additionally, the patient does not have a diagnosis of a problem with his low back. Therefore, the request is not supported by guidelines. For this reason, the request is non-certified.

Lumbar support: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: The Physician Reviewer's decision rationale: CA MTUS/ACOEM states lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The clinical information submitted for review does not show that the patient is having subjective or objective findings related to his low back. Additionally, the patient does not have a diagnosis of a problem with his low back. Therefore, the request is not supported by guidelines. For this reason, the request is non-certified.