

Case Number:	CM13-0020985		
Date Assigned:	10/11/2013	Date of Injury:	08/13/2009
Decision Date:	01/15/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/06/2013

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 Physical Medicine and Rehabilitation has a subspecialty in Pain Management and is licensed to practice in California. 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:

This is a male patient with the date of injury of August 13, 2009. A utilization review determination dated August 27, 2013 recommends noncertification of postoperative aquatic therapy. A progress report dated September 3, 2013 identifies subjective complaints stating, "██████████ is still in therapy for his right ankle and knee pain. He is pending tarsal tunnel syndrome surgery. However, he reports that his right knee is very painful. He tried scheduling an appointment with his knee surgeon." Objective examination findings identify right knee exam with limited range of motion and strength. Diagnoses include low back pain, ankle pain, and knee pain. Treatment plan recommends consultation with an orthopedist for right knee pain. A progress report dated September 9, 2013 identifies subjective complaints stating, "██████████ returns today for evaluation of his right ankle. He is status post total ankle arthroplasty. He is still complaining of a lot of pain laterally in the sinus tarsi area. He is in today a little bit early because he caught his toe on a piece of furniture and wonders if he fractured his toe." Objective examination identifies, "surgical incisions are well-healed. There are no signs of erythema or infection. There is tenderness and swelling noted at the sinus tarsi. There is swelling of the right 5th metatarsophalangeal joint area. The toes well aligned. He has tenderness to palpation over the proximal toe." X-ray review identifies, "well seated total ankle arthroplasty." Impression includes tarsal tunnel syndrome right ankle, well seated total ankle arthroplasty, minor calcification of posterior capsule, and probable fibular impingement of talus laterally." Treatment plan recommends tarsal tunnel release, and follow-up on lateral fibular impingement. A progress report dated August 14, 2013 identifies subjective complaints stating, "He states that he has more range of motion per the physical therapist than most people do after total ankle replacement." Ph

IMR ISSUES, DECISIONS AND RATIONALES

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

Post - operative aquatic therapy two (2) times a week for six (6) weeks for the right ankle:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Occupational Medicine Practice Guidelines and the Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, Chronic Pain Treatment Guidelines Aquatic Therapy Section and Physical Medicine Section Page(s): 22, 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle and Foot Chapter, Physical Therapy

Decision rationale: Regarding the request for additional aquatic therapy sessions, Chronic Pain Treatment Guidelines state that aquatic therapy is recommended as an optional form of exercise therapy where available as an alternative to land-based physical therapy. The guidelines go on to state that it is specifically recommended whenever reduced weight bearing is desirable, for example extreme obesity. Guidelines go on to state that for the recommendation on the number of supervised visits, see physical therapy guidelines. Chronic Pain Treatment Guidelines do not contain criteria regarding a specific number of therapy sessions following ankle fusion. The Official Disability Guidelines (ODG) recommends a total of 24 visits over 10 weeks for the post surgical treatment of arthroplasty of the ankle. Within the documentation available for review, it is unclear how many aquatic and physical therapy sessions the patient has undergone thus far. Additionally, there is no documentation regarding specific objective functional improvement from the aquatic therapy already provided, ongoing objective treatment goals, as well as a statement indicating why those goals would be unable to be addressed with an independent program of exercise. Furthermore, it is unclear whether the patient would be unable to tolerate land-based therapy at the current time. The goal should be to strengthen the ankle over time, and aquatic therapy can only strengthen the ankle so much. At some point, transitioning to land based therapy becomes essential to regain normal function following arthroplasty. In the absence of clarity regarding those issues, we currently requested additional aquatic therapy is not medically necessary.