

<b>Case Number:</b>	CM13-0021742		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	05/29/2012
<b>Decision Date:</b>	01/27/2014	<b>UR Denial Date:</b>	08/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 enrollee is a 32-year-old male presenting with left ankle pain following a work-related injury on May 29, 2012. The claimant reports instability about the ankle. The pain is localized to the anterior, lateral ankle pain and Achilles area. The pain is associated with generalized swelling about the ankle, locking and catching. The pain is exacerbated by walking up the stairs and squatting. The claimant has used crutches for about 3 months. The claimant has tried physical therapy as well as medication with marginal results. The claimant underwent left ankle arthroscopy with debridement. MRI of the ankle showed evidence of an old high grade anterior talofibular ligament (ATFL) ankle strain. The physical exam was significant for well-healed wounds, dorsiflexion 18°, plantar flexion 48°, inversion 10°, eversion 20°, left and 3 mm anterior drawer translation. The claimant was diagnosed with scarring of the anterior syndesmotomotic ligament compatible with remote ankle sprain and mild degenerative change of the talonavicular joint. The claim was made for aquatic therapy 2 times for 6 weeks left ankle 97001, 97112, 97002, 97110, 97140, 97535, 97010, 97014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**The request for Aqua Therapy 2 x 6 Wks left ankle:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine and Aqua Therapy Page(s): 99, 12, and 22.

**Decision rationale:** Aquatic therapy is not medically necessary. Aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy can minimize effects of gravity, so it is specifically recommended where reduce weight bearing is desirable, for example extreme obesity. Whether exercise improves some components of health-related quality of life, balance, and stair climbing and 50 minutes with fibromyalgia, but regular exercise and high intensities may be required to preserve most of these gains. For ankle sprains postsurgical treatment allows 34 visits of physical therapy over 16 weeks. The exercise program goals should include strength, flexibility, endurance, coordination, and education. Patients can be of ICD early passive range of motion exercises at home by therapist. This randomized controlled trial supports early motion (progressing to full weight bearing at 8 weeks from treatment) as acceptable form of rehabilitation and surgically treated patients with Achilles tendon ruptures. The claimant's records did not indicate the rationale for aqua therapy. Per MTUS Guidelines, Pages 12 and 22, aqua therapy is recommended where weight bearing is desirable. There is no documentation that weight bearing exercises were desirable as result of a co-morbid condition such as obesity. Additionally, Page 99 of CA MTUS states " physical medicine should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. The claimant had physical therapy in the past which was less than optimal for his chronic condition. The Current Procedural Terminology (CPT) Codes 97001 (physical therapy evaluation), 97112 (therapeutic procedure, one or more areas, each 15 minutes neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities), 97002 (physical therapy reevaluation), 97110 (therapeutic procedure one or more areas each 15 minutes therapeutic exercises to develop strength and endurance range of motion and flexibility), 97140 (manual therapy techniques), 97535 (self-care/home management training), 97010 (application of a modality to 1 or more areas hot or cold packs), 97014 (application of a modality to 1 or more areas of electrical stimulation) are therefore not medically necessary due to the recommended fading of frequency from previous treatment with physical medicine.