

<b>Case Number:</b>	CM13-0021895		
<b>Date Assigned:</b>	11/13/2013	<b>Date of Injury:</b>	10/06/2011
<b>Decision Date:</b>	06/04/2014	<b>UR Denial Date:</b>	08/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2013

### 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. The expert reviewer is Board Certified in Family Practice, 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 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/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 56 year old male who reported an injury on 10/06/2011 with a mechanism of a fall off a ladder. The MRI of right knee without contrast dated 11/21/2011 with impression: no fractures or dislocation noted, motion artifact degrades the image quality of all of the sequences. No changes from the MRI on 11/15/2011. MRI right knee dated 11/15/2011 impression: Calcaneocuboid contusion. Longitudinal partial tear/tendinosis of the Achilles. Old LCL sprain/lateral malleolar avulsion. Electromyography/Nerve conduction velocity dated 05/11/2012 noted: Slowing of the medial calcaneal and medial plantar branches of the tibial nerve consistent with tarsal tunnel syndrome. Mild slowing of the perineal nerve suggestive of early peripheral neuropathy. The clinical noted dated 11/19/2013 the patient complained of pain located on the anterior aspect of the lateral aspect of the left ankle and both sides of his lumbar. The patient described the pain as chronic, moderate, intermittent, sharp, stabbing, and aching. The symptoms were reported to be aggravated by prolonged standing, prolonged walking, walking up and down stairs, lifting, carrying, twisting or bending. The symptoms were better with medications. Straight leg test is negative bilaterally seated and standing and produces lumbar and low back pain, not sciatica type radicular pain, Lumbar range of motion was noted to be decreased to all planes moderately with pain, on palpitation was positive for pain at L3, L4, L5 paraspinous area bilaterally. Left ankle range of motion testing showed a decrease to all planes with pain. Palpitation was significant for moderate tenderness at anterior ankle, medial malleolus and posterior heel. Medications listed: Ultracet, Ibuprofen, and Allopurinol. No surgical history provided in the medical records provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**AQUATIC PHYSICAL THERAPY FOR THE LUMBAR SPINE 2 X 24 VISITS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicinem abd Aquatic therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines AQUATIC THERAPY Page(s): 22,29.

**Decision rationale:** California MTUS states that aquatic therapy is an optional form of exercise therapy where avaiable, as an option to land based physical therapy and that regular exercise and higher intensities my be required to preserve most of these gain and the number of visits is the same as physical medicine. The pateint has had a decision of maximum medical improvement on 06/26/2013 for the lumbar spine, and had noted 12 sessions of physical therapy from 10/11/2011-11/11/2011. The Physical Medicine Guidelines allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. Therefore, the request is not medically necessary.

**PROGRAM FOR 8 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) ,Low Back, Lumbar & Thoracic (Acute & Chronic),Gym Memberships.

**Decision rationale:** The Official Disability Guidelines states gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment, and are therefore not covered under these guidelines. With unsupervised programs there is no information flow back to the provider, so he or she can make changes in the prescription, and there may be risk of further injury to the patient. As such, the request for [REDACTED] is not supported. Therefore, the request is not medically necessary.