

Case Number:	CM13-0035901		
Date Assigned:	12/13/2013	Date of Injury:	04/01/2011
Decision Date:	02/17/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	10/18/2013

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 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:

The patient is a 49-year-old female who reported an injury on April 01, 2011 that ultimately resulted in a bilateral decompression of the deep peroneal nerves. The patient received postoperative care to include physical therapy. It is also noted in the documentation that the patient previously participated in aqua therapy. The patient's most recent clinical examination revealed the patient was experiencing burning neuropathic pain of the left ankle. Physical findings included tenderness to palpation along the tarsal tunnel and a positive Tinel's sign. The doctor noted that the patient's area of numbness was most likely related to a small cutaneous nerve that was affected by the release of the common peroneal. The patient's diagnoses included common peroneal nerve palsy of the left leg and mononeuritis of the lower limb. The treatment plan included a left nerve block of the peroneal peripheral nerve, stretching exercises for both ankles, and appropriate shoes.

IMR ISSUES, DECISIONS AND RATIONALES

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

The prospective request for a three (3) month gym membership: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Ankle & Foot Chapter; and the State of Minnesota Worker's Compensation Treatment Parameter Rules, TP-59.

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 Chapter, Gym Memberships.

Decision rationale: The clinical documentation submitted for review does provide evidence that the patient has participated previously in physical therapy. It is also noted within the documentation that the patient has been instructed on stretching exercises for both ankles. The Official Disability Guidelines recommend a gym membership for patients who have failed to progress through a home exercise program, and require additional equipment that cannot be maintained within the home. The efficacy of the patient's home exercise program is not identified within the submitted documentation. As such, the requested 3 month gym program is not medically necessary or appropriate.

The prospective request for six (6) sessions of physical therapy with pool therapy: Upheld

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

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

Decision rationale: The California MTUS recommends aqua therapy as an alternative to land based therapy for patients who require a non-weight bearing status. The clinical documentation submitted for review does not provide any evidence that the patient has any issues with weight bearing. Additionally, it is noted within the documentation that the patient is currently participating in land based physical therapy, which is providing benefit to the patient. Therefore, the need for aqua therapy is not clearly established within the documentation. As such, the requested 6 sessions of physical therapy with pool therapy is not medically necessary or appropriate.