

Case Number:	CM13-0045977		
Date Assigned:	12/27/2013	Date of Injury:	08/04/2011
Decision Date:	02/24/2014	UR Denial Date:	10/20/2013
Priority:	Standard	Application Received:	11/01/2013

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 57-year-old female who reported an injury on 08/04/2011. The mechanism of injury was noted to be continuous trauma. Her diagnoses are noted to include right knee sprain, right ankle sprain with possible internal derangement, lumbosacral myofascial strain, and left knee acute phlebitis, and left ankle sprain. The patient's symptoms are noted to include worsening left ankle pain, which the patient attributed to her limping and altered gait secondary to her right knee pain and weakness. Her physical exam findings included some slight swelling over the lateral ankle, decreased range of motion in the left ankle, and tenderness to palpation over the lateral and medial ligamentous complex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy twice a week for four weeks, left ankle, low back, and right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 448, Chronic Pain Treatment Guidelines.

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

Decision rationale: According to the California MTUS Guidelines, aquatic therapy is recommended as an optional form of exercise therapy when reduced weight bearing is desirable,

for example with extreme obesity. The clinical information submitted for review indicates that the patient has worsening left ankle pain; however, the specific need for reduced weight bearing was not addressed. Additionally, her recent physical exam findings included functional deficits related to the left ankle. However, there were no specific functional deficits listed related to her low back and right knee. For these reasons, the request is non-certified.