MAXIMUS Federal Services

Case Number:	CM13-0058843		
Date Assigned:	12/30/2013	Date of Injury:	02/16/2009
Decision Date:	05/06/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/27/2013

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 Internal Medicine and is licensed to practice in Arizona. 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 injured worker is a 43year old man with a work related injury dated 2/16/09. As a result of the injury he has chronic foot and ankle pain that has been treated with motrin and aquatic therapy. The progress notes from the primary provider dated 10/21/13 note the patient has pain relief during aquatic therpy but often has increased tightness at the end of longer shifts. The physical exam notes the injured worker has pain of 3/10 with intact strength of 5/5 of both ankles. The active range of motion (arom) is limited to 20 degrees in dorsiflexion, 15 degrees in inversion and 10 degrees of eversion. The neurological exam is within normal limits. The diagnosis is ankle pain and foot pain. The plan of care is additional aquatic therapy ordered weekly for eight weeks. The utilization review dated 10/30/13 declined additional aquatic therapy as not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy once a week for eight weeks for the left foot and ankle: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22, 98-99.

Decision rationale: According to the MTUS section on chronic pain with regards to aquatic therapy it is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended were reduced weight bearing is desirable. The recommendations on the number of supervised visits are equivalent with the number of visits with physical medicine. With regards to physical medicine, active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The use of active treatment modalities instead of passive treatments is associated with substantially better clinical outcomes. Physical Medicine Guidelines state that it should be allowed for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. In this case the patient has been to several aquatic therapy sessions. It is noted in the therapy session dated 9/3/13 that the patient is confident that he knows the program and is independent with the exercises. Therapy notes state that on 5/21/13 the AROM of the left ankle was 23 degrees in dorsiflexion, 40 degrees in plantarflexion, 9 degrees in inversion and 5 degrees in eversion. The notes dated 8/15/13 state the left ankle AROM is 25 degrees in dorsiflexion, 40 degrees in plantarflexion, 9 degrees in inversion and 6 degrees in eversion. Between the two sessions there is minimal improvement. Furthermore the patient continues to have the same amount of pain and tightness at the end of his shift. The patient is independent with a home exercise program and there is minimal improvement documented between 5/21/13 and 8/15/13 indicating a plateau of therapy. The additional sessions of aquatic therapy is not medically necessary.