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| Case Number: | CM13-0064964 | | |
| Date Assigned: | 01/03/2014 | Date of Injury: | 05/22/2013 |
| Decision Date: | 03/27/2014 | UR Denial Date: | 12/12/2013 |
| Priority: | Standard | Application Received: | 12/12/2013 |

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 Orthopaedic Surgery, 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:

This 60-year-old male sustained a comminuted non-displaced fracture of the right calcaneus on 5/22/13, when he fell 6-8 feet from a ladder. The 8/28/13 right foot/ankle CT scan revealed interval healing of the calcaneal fracture with mild deformity, stress fracture at the posterior most aspect of the calcaneus with sclerotic margins, and severe osteoporotic (particularly periarticular changes) suggestive of complex regional pain syndrome. The 10/29/13 treating physician cited a patient report of no improvement in right foot pain with physical therapy 3 times per week. The patient was still using the right foot walker and crutches and was unable to bear weight on the right foot. Exam findings noted very limited range of motion of the right ankle joint with swelling. The 11/13/13 physical therapy progress report documented completion of 12 aquatic therapy visits with patient report of 10% improvement, along with current complaints of grade 3-8/10 pain with activity and very little pain at rest. Functional improvement was documented in range of motion and strength. The physical therapist reported that the patient did well in aquatic therapy with improvement in gait but had residual weakness in push-off and a shorted heel strike. Right ankle/foot strength was 3/5 with significant residual impairment in range of motion. Continued treatment 3x4 was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy 3 times 4 for the right ankle: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request under consideration is for aquatic therapy 3 times per week for 4 weeks for the right ankle. The California MTUS aquatic therapy guidelines would apply as the patient was 6 months status post injury at the time of the request. Guidelines recommend aquatic therapy as an optional form of exercise therapy specifically where reduced weight bearing is desirable. The recommended number of treatment visits is provided by the Physical Medicine guidelines. For reflex sympathetic dystrophy (CRPS), 24 visits over 16 weeks are recommended. Aquatic therapy was provided for 12 visits with improvement noted in range of motion, strength, and underwater gait. There were significant residual functional deficits noted in gait, range of motion, and strength after the first 12 visits. Imaging findings documented severe osteoporotic changes consistent with CRPS. Additional exercise and gait training in a reduced weight bearing environment for this patient is consistent with guidelines. Therefore, this request for aquatic therapy 3 times per week for 4 weeks for the right ankle is medically necessary.