

<b>Case Number:</b>	CM13-0067937		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	03/08/2010
<b>Decision Date:</b>	05/20/2014	<b>UR Denial Date:</b>	12/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/18/2013

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 has a history of chronic right shoulder, left knee, and right foot pain reportedly secondary to a work injury of 03/08/10. There is a history of obesity. Per documentation the treatment to date has included prior ankle surgery (3/22/10); an ankle support; a cane; computerized range of motion testing; and 24 sessions of physical therapy. There is a 1/9/13 primary treating physician supplemental report which indicates that the patient had a full thickness rotator cuff tear, impingement syndrome and severe acromioclavicular joint arthritic changes, of the right shoulder, per MRI scans of July 23, 2010 and April 5, 2011. He is status post open reduction internal fixation of bimalleolar fracture, right ankle, March 22, 2010. He suffered from an exacerbation of lumbar spine pain secondary to altered gait after this. There is a 9/11/13 primary treating physician handwritten progress report which states that the patient complains of right shoulder, right ankle/foot and left knee. On physical exam the patient has tenderness to palpation in the right shoulder, right ankle and left knee with decreased range of motion. The patient ambulates with a cane. There is a positive right Neer sign and a negative McMurray sign. The document indicates that the patient has not shown subjective improvement in pain. The patient has shown objective improvement in tenderness, swelling, range of motion and strength and sensation. The patient has shown functional restoration of work abilities, ADLs, and rehabilitation participation. The diagnoses on this document include right shoulder rotator cuff tendinitis, planter fasciitis right foot, s/p right ankle surgery, left knee (illegible), right upper extremity overuse. The plan includes that the patient will have a trial basis of full duty and is allowed to wear a brace. There is a 1/11/13 qualified medical evaluation by an orthopedic surgeon that states that the patient walks with the aid of a cane. He complains of aching pain to the right ankle and Achilles tendon region that is always present. There is numbness, tingling,

spasms, stiffness, and swelling to the right ankle. The symptoms are aggravated with prolonged walking activities. The symptoms are alleviated with elevating the right foot and keeping weight off of the right ankle. The recommendations include preclusion from running, jumping and prolonged weight-bearing activity on the right ankle.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**AQUA THERAPY TWO (2) TIMES A WEEK FOR FOUR (4) WEEKS TO THE RIGHT SHOULDER AND RIGHT ANKLE:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy; Physical Medicine Page(s): 22,98-99.

**Decision rationale:** The request for aqua therapy two (2) times a week for four (4) weeks to the right shoulder and right ankle is not medically necessary per the MTUS guidelines. Although the patient has a history of an old ankle fracture/surgery with chronic ankle pain and has a history of obesity, the recommendations for aquatic therapy follow the MTUS guidelines for physical medicine. In this case, aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land based physical therapy and is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. The MTUS physical medicine guidelines allow up to 10 visits for the patient's condition. The documentation states that patient has already had 24 supervised therapy sessions in the past. The documentation does not indicate clear objective improvements in the patient's ankle and shoulder function. Without this documentation the request for an additional 8 sessions of therapy is not medically necessary and therefore the request for aqua therapy two times per week for four weeks to the right shoulder and right ankle is not medically necessary.