

Case Number:	CM14-0004647		
Date Assigned:	03/03/2014	Date of Injury:	10/03/2013
Decision Date:	06/30/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/10/2014

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 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 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 71-year-old male who reported an injury on 10/03/2013. The mechanism of injury was not stated. Current diagnoses include right ankle status post open reduction and internal fixation of bimalleolar fracture dislocation and eschar wound complication secondary to tenting of the skin from dislocation of the right ankle. The injured worker was evaluated on 12/06/2013. The injured worker reported an improvement in symptoms with regard to the right ankle. Physical examination revealed 50% reduction of epithelialization and eschar of the wound, no signs of infection, positive swelling, intact sensation, and normal range of motion. Treatment recommendations at that time included authorization for wound care clinic care and whirlpool therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE WHIRLPOOL THERAPY BETWEEN 12/23/2013 AND 2/6/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition(web), 2013, Knee & Leg Chapter.

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

Decision rationale: California MTUS Guidelines state aquatic therapy is recommended as an optional form of exercise therapy, where available as an alternative to land-based physical therapy. Aquatic therapy can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable. As per the documentation submitted, the injured worker demonstrated normal range of motion of the lower extremity with intact sensation and significantly reduced swelling. There is no indication that this injured worker requires reduced weight bearing. Therefore, the medically necessary for the requested service has not been established. As such, the request is not medically necessary.