

Case Number:	CM14-0005392		
Date Assigned:	01/24/2014	Date of Injury:	02/08/2010
Decision Date:	06/11/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	01/02/2014

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 & 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 patient has submitted a claim for left knee, ankle and foot pain from an associated industrial injury date of February 8, 2010. Treatment to date has included medications, sural and peroneal nerve blocks and 23/24 sessions of physical therapy. Medical records from 2013 through 2014 were reviewed which showed that the patient complained of left knee, ankle and foot pain with tightness and some discomfort in the left heel. On physical examination, there was swelling and tenderness in the peroneus longus and brevis tendons, under the fibular malleolus, left ankle and heel. There is sural neuritis with positive tinell's sign. Positive stretch test and tinell's sign was also noted at the anterolateral left ankle. Tenderness was also in the left plantar heel and medial plantar fascia. MRI of the left foot was done on 12/11/10 which showed peroneus brevis tendinosis with fraying, thickening and edema, but no evidence of rupture. MRI of the left knee was done on 12/23/2010 which showed synovitis, medial meniscus tear, lateral meniscus tear, synovitis and possible lipoma aborescens in the spurapatellar pouch and patellofemoral degenerative change. X-ray of the left leg, ankle and foot was done on 01/23/2010 which showed soft tissue calcification in the lower legs, likely phleboliths and small retrocalcaneal and plantar spurs on the right foot.

IMR ISSUES, DECISIONS AND RATIONALES

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

AQUATIC THERAPY FOR THE LEFT FOOT AND ANKLE TWO TIMES PER WEEK FOR SIX WEEKS: Upheld

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

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

Decision rationale: According to page 22 of the CA MTUS Chronic Pain Medical Treatment Guidelines, aquatic therapy 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 where reduced weight bearing is desirable, for example extreme obesity. In this case, the patient has reported functional improvement with her previous sessions of physical therapy and the patient has been on a self-directed home exercise program. The patient's height is 5'3", weight of 249; with a derived body mass index of 44.1. However, there is no documentation that the patient was intolerant to land-based therapy as she was able to complete 23 sessions of it. Therefore, the request for aquatic therapy for the left foot and ankle two times a week for 6 weeks is not medically necessary.