

Case Number:	CM14-0105727		
Date Assigned:	08/04/2014	Date of Injury:	07/16/2013
Decision Date:	10/15/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	07/08/2014

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 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 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:

This 46-year-old male sustained an industrial injury on 7/16/13. Injury occurred when a dumpster smacked into the back of his posterior heel. He underwent repair of the left Achilles tendon partial tear and exostectomy of the posterior heel spur on 1/22/14. Records indicated that the patient attended 9 initial physical therapy visits from 4/10/14 to 5/6/14. The 5/16/14 physical therapy progress report indicated the patient was out of the boot, wearing a brace but still used a walker and wheelchair at home. There was limited range of motion and 3/5 strength overall. Greater progress was anticipated now that the patient was out of the boot. Continued physical therapy was recommended 2x6 to increase range of motion and strength. The 5/23/14 treating physician report cited persistent grade 9/10 left heel pain. Physical exam documented tenderness to palpation over the Achilles tendon and the incision site, improved over last visit. Active range of motion was limited. There was normal post-operative edema. Capillary refill time was below 3 seconds and the foot was warm to touch. Motor function was intact. The patient was diagnosed with status post repair of the left Achilles tendon and resection of a posterior calcaneal heel spur with diffuse osteopenia and possible reflex sympathetic dystrophy. He was elevating the limb as instructed and using a lace-up brace. The patient was still going to physical therapy but did not feel much better. The patient was unable to ambulate, and was using the wheelchair. A request for aquatic therapy for one evaluation and eleven sessions was submitted. The treating physician stated the patient was progressing slower than anticipated due to the history of previous left lower extremity weakness and numbness. The 6/18/14 utilization review denied the request for aquatic therapy as there was no indication of comorbid extreme obesity to support the need for aquatic therapy over continued physical therapy and home exercise.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua therapy: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (updated 6/10/14), Aquatic therapy

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 24.

Decision rationale: The California Post-Surgical Treatment Guidelines for surgical treatment of Achilles tendon rupture suggest a general course of 48 post-operative physical medicine visits over 16 weeks, during the 6-month post-surgical treatment period which would have ended on 6/22/14. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical period. The type of physical medicine treatment is at the discretion of the surgeon. In general, aquatic therapy is recommended as an optional form of exercise therapy, as an alternative to land-based physical therapy, where reduced weight bearing is desirable. Guideline criteria have been met. The patient had completed 9 initial visits with slow improvement in ambulatory tolerance and significant weakness. Aquatic therapy would be a reasonable form of exercise to functionally improve range of motion and strength. Reduced weight bearing during exercise for a patient with significant pain status post foot/ankle surgery may be considered desirable. The submitted request was for a total of 12 visits which is within the recommended general course of care. Therefore, this request is medically necessary.