

Case Number:	CM14-0150059		
Date Assigned:	09/18/2014	Date of Injury:	06/09/2013
Decision Date:	10/17/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/15/2014

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, has a subspecialty in Interventional Spine 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 53 year old male with an injury date of 06/09/13. The 07/11/14 report states that the patient presents with occasional pain in the left ankle traveling to the left leg described as aching and dull and rated 3/10. He also presents with occasional pain in the right lower leg traveling to his right lower extremity described as dull achy and rated 4/10. The patient also presents with symptoms of anxiety, depression and decreased muscle mass and strength. The February 2014 AME report notes the patient is temporarily totally disabled. Examination reveals the patient has antalgic gait, non-specific tenderness on palpation of the left ankle and foot, palpable tenderness in the right lower leg with slightly decreased swelling. The patient's diagnoses include non-traumatic compartment syndrome of right leg, rule out anxiety and insomnia, right ankle sprain; abnormality of gait/painful gait; depression; and insomnia. The utilization review being challenged is dated 08/22/14. Reports from 02/12/14 to 07/11/14 were provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy 2 x a week for 6 weeks, Right Ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

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

Decision rationale: The patient presents with left ankle pain traveling to the left leg rated 3/10 along with right lower leg pain traveling to the right lower extremity rated 4/10. The treater requests for Aquatic Therapy 2 x 6 weeks for the right ankle. The treater notes this is to help restore functional mobility due to the compartment syndrome traumatic neuropathy injury to the right lower leg. The treater further notes the 02/12/14 AME report which states the patient should have intensive aqua therapy twice per week for the next 4 months for mobilization and strengthening of the right leg. A copy of this report was provided along with an activity of daily living questionnaire completed by the patient that states he uses an aid to walking. MTUS page 22 states that, "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, there is no discussion of obesity for this patient. The treater notes on 11/21/13 the patient had started physical therapy; however, the reports provided do not indicate how many land based sessions the patient attended. It is noted that the patient has difficulty walking; however, there is no documentation explaining the reason why the land based therapy is not appropriate for the injured worker's needs. Furthermore, MTUS page MTUS pages 98, 99 states that for Myalgia and myositis 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis and radiculitis 8-10 visits are recommended. The 12 visits requested exceed what is allowed by MTUS. Therefore, this request is not medically necessary.