

Case Number:	CM14-0151600		
Date Assigned:	09/19/2014	Date of Injury:	02/02/2012
Decision Date:	10/20/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	09/17/2014

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 Family Medicine and is licensed to practice in Arizona. 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:

Patient is a 64 year old female with a date of injury on 2/02/2012. Subjective complaints are of persistent pain in the left leg. The patient had sustained a left femoral neck fracture and underwent left hip total arthroplasty. Physical exam showed tenderness and reduced strength in the left hip and distal right thigh. There was decreased left hip range of motion, and strength was rated at 4/5. Records state that gait has improved, but there is still a wide based gait and some balance issues from excessive foot pronation when not using a cane. Patient had undergone post-operative rehabilitation, and had recently been certified for 6 sessions of aquatic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

One pair of motion control orthotics: 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 in Workers Compensation (TWC)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Foot/ankle, orthotics

Decision rationale: The ODG states that orthotics is recommended for plantar fasciitis and for foot pain in rheumatoid arthritis. While excessive pronation is noted in the records, the patient does not have diagnoses that are consistent with guideline recommendations for the use of orthotic devices. Therefore, the medical necessity for orthotics is not established.

On pair of extra dept shoes: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Clinical Policy Bulletin Foot Orthotics # 0451: last updated 10/04/2013

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Foot/ankle, orthotics

Decision rationale: The ODG states orthotics are recommended for plantar fasciitis and for foot pain in rheumatoid arthritis. While excessive pronation is noted in the records, the patient does not have diagnoses that are consistent with guideline recommendations for the use of orthotic devices. For this patient, orthotics were not deemed medically necessary. Therefore, the medical necessity for extra depth shoes is not established as well.

Fall prevention class: 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 in Workers Compensation (TWC), Hip & Pelvis, Procedure Summary last updated 03/25/2014.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, education

Decision rationale: The ODG states that patient education is recommended. Patient education can be key to improving symptoms and recovery time. This patient has undergone post-operative rehabilitation and is currently certified for aquatic therapy. It would be expected that instruction in fall prevention would have been provided by previous rehabilitation and current therapy. Therefore, the medical necessity of a fall prevention class is not established.

Aqua therapy 12 visits: 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: CA MTUS recommends aquatic therapy as an alternative to land based therapy specifically if reduced weight bearing is desirable, for example extreme obesity. The ODG recommends aquatic therapy 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. This patient was certified for 6 sessions of aqua therapy due to total hip arthroplasty and periprosthetic femur fracture, and further sessions would require evidence of functional improvement and continued need. Therefore the medical necessity for 12 sessions of aquatic therapy is not established at this time.