

Case Number:	CM14-0156557		
Date Assigned:	09/26/2014	Date of Injury:	11/28/2009
Decision Date:	11/24/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/24/2014

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 Internal Medicine and is licensed to practice in Maryland. 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 employee was a 57 year old female who sustained an industrial injury. She was status post right sided partial foot Chopart amputation. Her date of injury was 11/28/09. Following this she has had several hospitalizations and numerous surgeries. Her medications included Morphine PO PRN and MS Contin PO every 8 hours. Her other diagnoses included patellofemoral syndrome and lumbosacral strain with significant degenerative changes. She used a wheel chair when her foot pain was worse and also had a prosthesis. The progress notes from the podiatrist on 08/12/14 was reviewed. She had her old prosthesis on and was getting her Laceup brace the next day. She was trying to exercise in her pool, but couldn't get in and out easily. On examination her BMI was noted to be 35.3 Kg/m² and missing right foot toes. The diagnosis was ankle joint pain and foot amputation. The plan of care included pool appliance to get in and out of her pool to exercise at home as she can easily exercise at home versus going to the gym.

IMR ISSUES, DECISIONS AND RATIONALES

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

Power lift/ Swimming pool dip handrail: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines); Work Loss Data Institute; Ankle and Foot (Acute & Chronic)

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

Decision rationale: The employee sustained an industrial injury following which she had to have partial right foot amputation. Her diagnoses included status post right foot navicular and cuboid excision, chronic lumbosacral musculoligamentous strain with moderately severe degenerative disc disease and prior L4-L5 laminectomy, De Quervain's tenosynovitis, right knee strain and bilateral lateral epicondylitis. The MTUS chronic pain guidelines recommend aqua therapy (including swimming) 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, for example extreme obesity. Per medical records submitted for review, there is evidence of obesity with a BMI of 35.3 Kg/m², foot pain, knee pain due to patellofemoral syndrome, partial amputation of foot, lumbosacral degenerative disease and shoulder pain. She also uses a manual wheel chair on days when her pain is bad. Given the above findings, a reduced weight bearing is desirable. The request for pool access equipments including power lift, swimming pool dip swimrail, is medically necessary and appropriate.