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| <b>Case Number:</b>   | CM14-0030495 |                              |            |
| <b>Date Assigned:</b> | 06/20/2014   | <b>Date of Injury:</b>       | 07/05/2007 |
| <b>Decision Date:</b> | 07/21/2014   | <b>UR Denial Date:</b>       | 02/10/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/11/2014 |

### 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 Occupational Medicine 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 is a 57 y/o male, DOI 7/05/07. He fell and sustained several injuries and fractures. He has continued to have ankle and foot pain with a recent MRI showing chronic changes which include a navicular self fusion, fallen arch, and a chronic complete tear of the plantar fascia. He has returned to work. An initial request for 12 sessions of physical therapy was authorized in U.R. and subsequent to this a request for 6 months of aquatic therapy was denied in U.R. The physical therapy was not initiated and the treating physician changed the request to aquatic exercising with the thought of cost control and possibly better long term outcomes. Communications between the U.R. physician and the treating physician are documented and the treating physician is documented to say that in his opinion either would be appropriate.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **REQUEST GYM MEMBERSHIP (6 MONTHS) RIGHT ANKLE: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Foot and Ankle.

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

**Decision rationale:** MTUS guidelines do not specifically address this, but ODG gives some general guidance. Aquatic therapy may be reasonable to lessen the weight on the affected foot and ankle. However, Guidelines are quite specific that this should be only after it is shown that usual and customary rehabilitation cannot be performed and Guidelines state that it should be under the close supervision of medical personnel. Neither of these conditions are met in this request. The request for physical therapy was authorized and at least an initial evaluation and recommendations should be completed before a prolonged course of unsupervised aquatic therapy is initiated. Many physical therapy centers have the ability to provide aquatic based therapy. There are no exceptional reasons to deviate from the guidelines and therapy has already been medically necessary.