

Case Number:	CM14-0035882		
Date Assigned:	06/23/2014	Date of Injury:	05/20/2009
Decision Date:	07/22/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	03/24/2014

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 Physical Medicine and 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 patient is a 62 year old with an injury date on 5/20/09. Based on the 2/24/14 progress report provided by [REDACTED] the diagnoses are Industrial injury, left foot and ankle, with chronic ankle and subtalar joint scarring, chondromalacia, and pain, and chronic proximal plantar fasciitis and heel pain. Improved symptoms particularly heel and medial ankle symptoms, with initial aquatic therapy sessions. The Exam on 2/24/14 showed mild residual swelling about the right foot/ankle. The Pulses, sensation, and motor intact. Lesser tenderness over medial aspect of ankle and plantar medial aspect of heel. Range of motion remains restricted to dorsiflexion and plantar flexion, less so to inversion and eversion, on left side. Right foot and ankle have full range of motion, no swelling, no tenderness. [REDACTED] is requesting additional physical therapy 2 visits per week for 3 weeks (left foot/ankle) and Three month self-directed aquatic program (left foot/ankle). The utilization review determination being challenged is dated 3/18/14 and rejects physical therapy since patient completed 14 sessions of aqua therapy and 24 sessions of physical therapy and should be able to do home exercise, and self-directed aquatic program as patient does not have fibromyalgia and BMI not provided. [REDACTED] is the requesting provider, and he provided treatment reports from 2/4/13 to 2/24/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy 2 visits per week for 3 weeks (left foot/ankle): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines the MTUS Chronic Pain Medical Treatment Guidelines, Physical Medicine, page, 99 Page(s): 99. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Page(s): 98, 99.

Decision rationale: This patient presents with left foot and ankle pain and is status post subtalar joint and ankle chondroplasty from 2005 and s/p ankle arthroscopy from August 2010. The provider has asked for additional physical therapy 2 visits per week for 3 weeks (left foot/ankle) on 2/24/14. The 2/24/14 report states patient has completed 13 out of 14 aquatic therapy sessions and is now ready to strengthen on land for 6 visits and then transition to independent pool program." The review of reports do not show any evidence of land-based physical therapy being done in the recent past. The California MTUS guidelines allows for 8-10 sessions of physical therapy for various myalgias and neuralgias. In this case the provider has requested 6 physical therapy visits for left foot/ankle which is appropriate for patient's transition from aquatic to land-based weight-bearing therapy Therefore, the request is medically necessary.

Three month self directed aquatic program (left foot/ankle): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, page 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chapter on Aquatic Therapy Page(s): 22. Decision based on Non-MTUS Citation ODG-TWC.

Decision rationale: This patient presents with left foot/ankle pain and is s/p subtalar joint and ankle chondroplasty from 2005 and s/p ankle arthroscopy from August 2010. The treater has asked Three month self-directed aquatic program (left foot/ankle) on 2/24/14. Patient is currently attending aquatic therapy with "some progress" and a decrease in pain per 2/24/14 report. The 2/24/14 report states patient has completed 13 of 14 aquatic therapy sessions and is now ready to "strengthen on land for 6 visits and then transition to independent pool program." Since pool exercises have been shown to be beneficial for chronic pain and the patient does not have an access to a pool, a gym with a pool would be beneficial. ACOEM p309 recommends "low-stress aerobic" exercises but this is for low back pain which this patient does not present with. ODG guidelines under exercises for pain states, "Physical therapy in warm-water has been effective and highly recommended in persons with fibromyalgia but this patient does not have fibromyalgia. The patient appears to have had an adequate course of pool therapy, although land-based therapy is what would be indicated in this patient. The patient does not have any weight-bearing issues. ODG guidelines do not support gym membership unless there is a need for a specific equipment. In this case, there does not appear to be any reason why the patient is not able to exercise on land. Recommendation is for denial.