

<b>Case Number:</b>	CM14-0063959		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	12/17/2009
<b>Decision Date:</b>	08/11/2014	<b>UR Denial Date:</b>	04/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/07/2014

### 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 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 47-year old female who reported an injury on 12/17/2009 due to an unspecified mechanism. The injured worker had a history of chronic right ankle pain with a diagnosis of right plantar fasciitis, right Achilles tenopathy and status post ORIF (Open Reduction Internal Fixation) of the left ankle fracture with post-traumatic arthritis. The injured worker had multiple surgeries to the bilateral ankles with no dates given. Per the clinical note dated 02/26/2014, the physical therapist indicated the injured worker was ambulating on treadmill well and no pain noted with exercise. The physical examination, dated 04/18/2014, to the bilateral ankles revealed dorsiflexion of 0, plantar flexion of 50, with the dorsiflexion improves with bending of the knees, negative anterior drawer, talar tilt, and stress ER test. The injured worker also had on physical examination tenderness to palpation at the Achilles insertion. No diagnostics available for review. Past treatments included physical therapy at least total of 10 visits and electronic stimulation the medications included Mobic and Celebrex with a reported pain of the worst being an 8/10, best a 6/10, and usual pain is 6/10 using the VAS. The treatment plan included additional physical therapy and referral to an ankle specialist. The request for authorization dated 06/11/2014 was submitted within the documentation. Rationale for the Physical Therapy/Pool therapy was not given.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PT/Pool Therapy x10:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Aqua Therapy.

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

**Decision rationale:** The CA MTUS Guidelines recommend as an optional form of exercise therapy. Water exercise improves some components of health-related quality of life, balance and stair climbing in females with fibromyalgia, but regular exercise at higher intensities may be required to preserve most of these gains. Also, the CA MTUS indicate active therapy is based on the philosophy that therapeutic exercise and/or activities are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires the internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual, and/or tactile instructions. The injured worker is instructed and expected to continue active therapies at home as an extension of the treatment process. Home exercise can include exercise with or without mechanical assistance or resistance in functional activities with assistive devices. The guidelines for physical medicine allow for a fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home physical medicine. Per the documentation, the injured worker's injury was 2010/2011 and the injured worker had already received 6 to 10 visits of physical therapy which showed improvement. The documentation from the physical therapist indicated the injured worker did well the treadmill and no pain noted. The injured worker would benefit from a home exercise therapy. The request exceeds as the injured worker had received between 6-10 visits and the requested 10 visit. The request is two separate requests and should have been two different request forms. The location or frequency not addressed on request. As such, the Physical Therapy/Pool Therapy x10 is not medically necessary.