

Case Number:	CM14-0069626		
Date Assigned:	07/14/2014	Date of Injury:	06/10/2013
Decision Date:	08/21/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	05/14/2014

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 Orthopedic Surgery, 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:

49 year old claimant with reported industrial injury 6/10/13. Patient diagnosed with sprains and strains of the foot. Claimant is status post previous left calaneal spur excision and Achilles tendon reconstruction on 7/31/13. Panel QME 12/18/13 demonstrates constant pain in the cervical spine, bilateral shoulders, bilateral wrist and hands. Constant pain is noted in the lumbosacral spine and both lower extremities as well as the plantar and posterior aspects of both heels. Ankle range of motion on the right is 20 degrees of dorsiflexion and 40 degrees of plantarflexion. Review of the records demonstrate that the claimant has completed 10 postoperative sessions of aquatic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pool therapy two times a week for four weeks to the left foot: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints, Chronic Pain Treatment Guidelines Aquatic therapy, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment for Workers' Compensation, online edition, Physical therapy preface.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 12-13.

Decision rationale: According to the CA MTUS/Post Surgical Treatment Guidelines, pages 12 and 13, 48 visits of therapy are recommended after Achilles tendon repair over 16 week period. In this case the exam note from 12/18/13 does not demonstrate any significant objective findings to warrant an exception to warrant additional visits of therapy. There is no significant ankle strength or range of motion deficits to warrant further visits. Therefore the request for Pool therapy two times a week for four weeks to the left foot is not medically necessary.