

Case Number:	CM14-0071830		
Date Assigned:	07/16/2014	Date of Injury:	07/31/2013
Decision Date:	08/14/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	05/19/2014

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 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 patient is a 50 year old male with a work injury dated 7/31/13. The diagnoses include left tibialis tendinitis and tarsal tunnel syndrome, left talar osteochondritis dessicans, left plantar fasciitis after a twist of the left ankle. Under consideration is a request for aquatic therapy for 6 months. There is a primary treating physician (PR-2) document dated 7/31/13 that states that the patient continues to experience ankle pain along the talotibial joint, at the medial aspect along the posterior tibialis tendon and at the heel, consistent with plantar fasciitis. He has completed therapy without much improvement. He states that only while attending did he have improvements. He has had his orthotics now for about one month. This does help relieve some of his ankle pain but he has ongoing ankle pain. The series of Euflexxa injections did not provide him any relief. Previous MRI dated 9/24/2013 demonstrated a 6 mm x 4 mm chondral defect of the medial aspect of the talar dome. There is a discussion further treatment options/ which would include a left ankle arthroscopy and micro fracture to the OCD at the talar dome and removal of a loose body. The documenting physician states that it is likely his tendinitis and plantar fasciitis is due to compensatory measures as the previous MRI did not show any inflammation or tears in those regions. On physical exam of the left ankle there is no noticeable gross deformity. He has pain with direct palpation along the posterior tibialis tendon as it traverse posterior and inferior to the medial malleolus. He has pain with a single toe raise along the posterior tibialis tendon. He has a positive Tinel's at the Baxter's nerve. He has pain with direct palpation at the origin of the plantar fascia. Anterior drawer at the ankle is negative. He has full range of motion at the ankle, but with pain. He also has popping and clicking at the ankle. The treatment plan states that the patient would like to hold on the consideration of surgery for now. He has inquired about an aquatic therapy program to aid him in weight loss, possibly reducing the impact on his injury, thereby providing him relief of his ankle injury. There is a request for six months aquatic therapy

program at the [REDACTED] to aid him in weight loss. The physician documents that the buoyant forces of the water would decrease the impact on his OCD at the talar dome. There is a renewal for tramadol and Voltaren. There is a 6/5/14 document that states that the patient has been partaking in aquatic therapy program on his own. He has been able to lose 7 pounds in the last month. His ankle pain has slightly improved due to the weight loss. At this time, he would like to continue with an aquatic therapy program. There is a request for a 6 month self-directed aquatic therapy program and an appeal for that denial. The left ankle on this exam has no noticeable gross deformity. He has pain with direct palpation along the posterior tibialis tendon as it traverses posterior and inferior to the medial malleolus. He has pain with a single toe raise along the posterior tibialis tendon. He has a positive Tinel's at the Baxter's nerve. He has pain with direct palpation at the origin of the plantar fascia. Anterior drawer at the ankle is negative. He has full range of motion at the ankle, but with pain. He also has popping and clicking at the ankle. The treatment plan includes aquatic therapy to aid in him in weight loss, decreasing the forces on his left ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy 6 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy, physical medicine Page(s): 22, 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Foot and ankle-gym memberships.

Decision rationale: Aquatic therapy 6 months is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines and the ODG guidelines. Per the MTUS guidelines aquatic therapy is recommended 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. The guidelines states that for recommendations on the number of supervised visits follow the Physical Medicine guidelines. For the patient's condition the MTUS would recommend up to 10 visits. The request for 6 months of therapy far exceeds the guidelines. The documentation does not indicate clearly much land based therapy patient has had in total in the past for ankle. Without this documentation the request for an additional therapy cannot be certified. Furthermore the MTUS does not specifically address gym memberships so the ODG guidelines were reviewed. The ODG does not recommend gym membership or swimming pools as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. Additionally, the treatment needs to be monitored and administered by medical professionals. With unsupervised programs there is no information flow back to the provider, so he or she can make changes in the prescription, and there may be risk of further injury to the patient. The guidelines state that swimming pools, athletic clubs, etc., would not generally be considered medical treatment, and are therefore not covered under these guidelines. The documentation submitted does not reveal that periodic assessment and

revision of a documented home exercise program has not been effective. For all of these reasons the request for aquatic therapy 6 months is not medically necessary.