

<b>Case Number:</b>	CM15-0005016		
<b>Date Assigned:</b>	01/16/2015	<b>Date of Injury:</b>	05/23/2014
<b>Decision Date:</b>	03/11/2015	<b>UR Denial Date:</b>	01/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 was a 33 year old male, who sustained an industrial injury, May 23, 2014. The injured worker chief complaint was pain in the left, right lower extremities and posttraumatic stress disorder. The injured worker was diagnosed with left calcaneus fracture, right tibia fracture, status post open left calcaneus surgery, June 12, 2014 and status post open right ankle surgery, June 12, 2014. The injured worker was treated with open left calcaneus surgery, open right ankle surgery, physical therapy, aqua therapy, occupational therapy and crutches. The claimant had undergone an unknown amount of physical and aqua therapy since August 2014. On December 12, 2014, the primary treating physician requested addition physical therapy and aqua therapy for bilateral ankles. On January 6, 2015, the UR denied additional physical therapy for bilateral ankles 6 sessions and additional aqua therapy of 6 sessions. The denials were based on the MTUSD Chronic Pain Medical Treatment Guidelines for Physical Therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Physical Therapy for Bilateral Ankles 6 sessions as requested on 12/23/14:**  
 Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370, Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99.

**Decision rationale:** According to the ACOEM guidelines, initial and follow-up visits for therapy education, counseling, and evaluation of home exercise are appropriate in a fading frequency. The MTUS guidelines allows for up to 10 visits in a fading frequency. In this case, the amount of physical therapy visits completed post-operatively are unknown. There was no indication that the claimant cannot complete a home based program. As a result, the request for therapy in December 2014 is not medically necessary.

**Additional Aqua Therapy for the Bilateral Ankles 6 sessions as requested on 11/25/14:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines aqua therapy Page(s): 22.

**Decision rationale:** Aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. The length of treatment recommended is up to 8 sessions. In this case, there is not an indication of inability to perform land-based exercises. The claimant had been performing land therapy. The amount of previously completed visits is unknown. The guidelines recommended up to 8-10 sessions of combined forms of therapy. As a result, the request for aqua therapy is not medically necessary