MAXIMUS Federal Services

Case Number:	CM15-0109710		
Date Assigned:	06/16/2015	Date of Injury:	12/15/2014
Decision Date:	07/15/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	06/08/2015

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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 37-year-old female, who sustained an industrial injury, December 15, 2014. The injured worker previously received the following treatments 18 sessions of aqua therapy, left ankle x-ray on December 15, 2014 that showed tibial and fibular fractures and dislocation was reduction and left ankle surgery. The injured worker was diagnosed with fracture of the left ankle included lateral malleolus and posterior tibia with surgery and postoperative swelling. According to progress note of April 27, 2015, the injured workers chief complaint was left ankle. The injured worker reported improvement with aqua therapy. The injured worker's physician visit from April 7, 2015 through May 5, 2015 noted no improvement in the following; the injured worker continued to rate the pain as moderate 3-5 out of 10. The highest level of pain was 6-9 out of 10. The injured worker was able to walk 11-100 yards with crutches. The injured worker was having difficulty with standing more than greater or equal to one hour. The injured worker was unable to ascend or descend one-step. The physical exam noted modest dorsiflexion not to 5 degrees and improving subtalar motion. There was still some chronic thickening in the soft tissues about the ankle both anteriorly and posteriorly. The active range of motion went from negative 12 to negative 8. The injured worker was finally making good progress. The injured worker was weight baring as tolerated, first with a cam walker and then transitioning to a regular shoe. The treatment plan included additional aqua therapy for the left ankle. According to the physical therapy noted of April 23, 2015, the injured worker was showing slow progress, but was still improving.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional aqua therapy 3 x 4 for the left ankle: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy, Physical Medicine Guidelines Page(s): 22, 99.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Preface, Physical Therapy Guidelines and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6: p87.

Decision rationale: The claimant sustained a work injury in December 2014 and continues to be treated for left lower extremity pain. Injuries included tibial and fibular fractures and ankle dislocation requiring surgery. Treatments have included aquatic therapy with completion of 18 treatment sessions. When seen, there was decreased but improving range of motion. Pain was rated at 3-9/10. She was ambulating with crutches and using a CAM walking boot and was being transitioned to use of regular footwear. She was full weight bearing. A trial of aquatic therapy is recommended for patients with chronic low back pain or other chronic persistent pain who have co-morbidities such as obesity or significant degenerative joint disease that could preclude effective participation in weight-bearing physical activities. In this case, the claimant is recovering from a significant left lower extremity injury. She has benefitted from aquatic therapy and shoulder be transitioned to an independent pool program. This would not require the number of requested treatments. Therefore, the request is not medically necessary.