

<b>Case Number:</b>	CM15-0182179		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	03/25/2015
<b>Decision Date:</b>	10/27/2015	<b>UR Denial Date:</b>	08/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/14/2015

### 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 (IW) is a 35 year old female who sustained an industrial injury on 03-25-2015. The injured worker is being treated for left ankle pain, with diagnoses of ankle sprain and pain in joint of ankle and foot. A MRI on 04-11-2015 showed a Medial talar dome Osteochondral defect. Treatment to date has included radiologic imaging, and medications. Current medications include Zorvolex and Ibuprofen. In the provider notes of 08-18-2015, the worker complained of moderate to severe pain in the left ankle. She complains the pain occurs after 20 minutes of walking. She also wakes up with pain. Shoes hurt and sitting in certain positions hurt because of the way she places her foot. On exam, there is asymmetry, bogginess and erythema of the ankle. There is no limitation in range of motion and no pain. Tenderness is noted over the deltoid ligament fibula-calcaneal ligament talo fibular ligament with pain over the calcaneofibular ligament and anterior tibulofibular ligament. The worker is able to bear weight on her right ankle with pain. She is having pain both over the medial and lateral malleoli. The plan of care includes aquatherapy, referral to a foot and ankle surgeon, and work/activity limitations. A request for authorization was submitted for Aqua Therapy and Strengthening 8 Sessions for Left Foot/Ankle and Consult with Podiatrist/Foot and Ankle Surgeon. A utilization review decision 08-21-2015 partially approved the Aqua Therapy and Strengthening for 4 sessions, and approved the request for consult with Podiatrist/Foot and Ankle Surgeon.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **Aqua Therapy and Strengthening 8 Sessions for Left Foot/Ankle: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot (Acute & Chronic), physical therapy.

**Decision rationale:** The claimant sustained a work injury in March 2015 when she turned and twisted her ankle when she slipped on a floor. An MRI of the ankle in April 2015 included findings of a talar dome osteochondral defect. When seen, she was having moderate to severe ankle pain and was having pain when walking for more than 20 minutes. Physical examination findings included a body mass index of 50. There was ligamentous tenderness. She had pain with weight bearing. The claimant is unable to take NSAID medication due to gastritis. Prior treatments had included use of a walking boot. In terms of physical therapy for arthritis of the ankle or foot, guidelines recommend up to 9 treatment sessions over 8 weeks. In this case, the number of initial visits requested is within the guideline recommendation and aquatic therapy is recommended for patients with co-morbidities such as obesity or significant degenerative joint disease that could preclude effective participation in weight-bearing physical activities. The request is appropriate and medically necessary.