

Case Number:	CM15-0211106		
Date Assigned:	10/29/2015	Date of Injury:	12/15/2011
Decision Date:	12/10/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	10/27/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 is a 47 year old female who sustained an industrial injury on December 15, 2011. The worker is being treated for status post surgical excision medial side of left ankle; myofascial sprain of the thoracic and lumbosacral spine with multiple disc bulges; left knee popliteal cyst, a mild CVA, and left ankle mass. Subjective: April 28, 2015 she reported complaint of a painful lump on the side of her ankle. May 19, 2015 she complained of mid and lower back radiating to bilateral legs and left ankle pain. June 02, 2015 she reported flare up of left ankle, and lumbar spine pains. The low back pain is noted radiating into gluts and moderate intensity the left ankle is moderate to severe intensity and radiating up into calf. Objective: April 28, 2015 noted the left ankle with a well-healed incision site that is found with three plus tenderness to palpation and noted with an approximate 2 by 6 cm mass on the medial aspect that appears to be fluid filled. The mass itself is also tender to palpation, without drainage. In addition, the patient is with two to three plus tenderness to palpation over the anterior aspect of the ankle over extensor tendons. The lateral side had posterior tenderness to the lateral malleolus with the swollen mass present. May 19, 2015 noted thoracic and lumbar spine with palpable tenderness, spasm and decreased ROM. There is a positive Kemp's and SLR at 55 degrees. The left ankle noted positive inversion, swelling to the medial aspect of left ankle. June 02, 2015 noted the lumbar spine with positive Kemps' and SLR at 60 degrees PROM, and the left ankle also with decreased ROM and two plus swelling. August 11, 2015 noted, "Her condition continues to get worse." In addition, a DME back brace noted recommended and requested for comfort and support during working hours. Diagnostic: April 28, 2015 recommendation

obtaining MRI of left ankle before aspiration. Previous MRI March 2014. Treatment: April 28, 2015 recommendation to aspirate the ankle mass, Infectious disease consultation regarding ankle mass as she is allergic to PCN, activity modifications, surgery; May 19, 2015, and September 08, 2015 requesting pool therapy. On September 08, 2015, a request was made for DME back support, and pool therapy unspecified that were both noncertified by Utilization Review on October 14, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Back support: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods.

Decision rationale: There is no indication of instability, compression fracture, or spondylolisthesis precautions to warrant a lumbar support beyond the acute injury phase. Reports have not adequately demonstrated the medical indication for the back brace. Based on the information provided and the peer-reviewed, nationally recognized guidelines, the request for an LSO cannot be medically recommended. CA MTUS states that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. This claimant is well beyond the acute phase for this chronic 2011 injury. In addition, ODG states that lumbar supports are not recommended for prevention and is under study for the treatment of nonspecific LBP and only recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and post-operative treatment, not demonstrated here. The Back support is not medically necessary and appropriate.

Pool therapy; amount and frequency/duration not specified: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy.

Decision rationale: Aquatic Therapy does not seem appropriate, as the patient has received land-based Physical therapy. There is no records indicating intolerance of treatment, incapable of making same gains with land-based program nor is there any medical diagnosis or indication to require Aqua therapy at this time. The patient is not status-post recent lumbar or knee surgery nor is there diagnosis of morbid obesity requiring gentle aquatic rehabilitation with passive modalities and should have the knowledge to continue with functional improvement with a Home exercise program. The patient has completed formal sessions of PT and there is nothing submitted to indicate functional improvement from treatment already rendered. There is no

report of new acute injuries that would require a change in the functional restoration program. There is no report of acute flare-up and the patient has been instructed on a home exercise program for this 2011 injury. Per Guidelines, physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and functional status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. Submitted reports have not adequately demonstrated the indication to support for the pool therapy with unspecified quantity and frequency. The Pool therapy, amount and frequency/ duration not specified, is not medically necessary and appropriate.