

Case Number:	CM15-0219442		
Date Assigned:	11/12/2015	Date of Injury:	08/29/2012
Decision Date:	12/30/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	11/09/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 49-year-old who has filed a claim for chronic knee and ankle pain reportedly associated with an industrial injury of August 29, 2012. In a Utilization Review report dated October 6, 2015, the claims administrator failed to approve requests for aquatic therapy and ankle MRI imaging. The claims administrator referenced an August 13, 2015 progress note and a September 29, 2015 RFA form in its determination. The applicant's attorney subsequently appealed. On said August 13, 2015 office visit, the applicant reported ongoing issues with foot and ankle pain, 7/10. Ancillary complaints of knee and wrist pain, 6-7/10 were also reported. The applicant exhibited normal strength about the injured foot and ankle with full range of motion also appreciated about the same. The applicant stood 6 feet tall and weighed 207 pounds, the treating provider reported. The applicant's gait was not clearly described or characterized. Aquatic therapy and MRI imaging of the foot and ankle were sought. Work restrictions were endorsed. The treating provider suggested that the applicant was in fact working with said limitations in place. The stated diagnoses included sprain and strain of the wrist, rule out internal derangement of the ankle, and/or rule out internal derangement of the bilateral knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy for the left knee and right ankle 2 times a week for 4 weeks, quantity: 8 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004, and Ankle and Foot Complaints 2004, and Chronic Pain Medical Treatment 2009.

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

Decision rationale: No, the request for 8 sessions of aquatic therapy was not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does recommend aquatic therapy as an optional form of exercise therapy in applicants in whom reduced weight bearing is desirable, here, however, the applicant's gait and ambulatory status were not clearly described or characterized on the August 13, 2015 office visit at issue. It was not clearly established that reduced weight bearing was, in fact, desirable here. Therefore, the request was not medically necessary.

MRI (Magnetic Resonance Imaging) of the right ankle/foot: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004, and Ankle and Foot Complaints 2004, and Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Special Studies.

Decision rationale: Similarly, the request for MRI imaging of the foot and ankle was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 14, page 374 acknowledges that MRI imaging may be helpful to clarify a diagnosis of delayed recovery such as osteochondritis desiccans, here, however, the attending provider's August 13, 2015 office visit did not clearly state precisely what was suspected insofar as the injured ankle was concerned. It was not stated how the proposed ankle MRI would influence or alter the treatment plan. The multifocal nature of the applicant's complaints, which included the wrist, knees, ankle, feet, etc., argued against the presence of any focal pathology involving the injured ankle. Therefore, the request was not medically necessary.