

Case Number:	CM14-0121994		
Date Assigned:	09/16/2014	Date of Injury:	10/13/2010
Decision Date:	10/23/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	08/01/2014

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. The expert reviewer is Board Certified in Internal Medicine has a subspecialty in Nephrology and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 56 year old female with a 10/13/2010 date of injury. The exact mechanism of the original injury was not clearly described. A progress reported dated 5/30/14 noted subjective complaints of right foot weakness. Objective findings included normal gait. Right foot was stable but still weak and stiff. The patient is s/p right first tarsometatarsal joint revision arthrodesis 2/21/14. The patient has had 12 sessions of aquatic therapy with unclear level of improvement. Diagnostic Impression: pain in the ankle and foot, tibialis tendonitis Treatment to Date: physical therapy, aquatic therapy, foot surgery A UR decision dated 7/2/14 modified the request for physical therapy #12, certifying 8 sessions. Guidelines indicate that for myalgia and myositis, 9-10 visits over 8 weeks is appropriate. It denied aquatic therapy #12 sessions. Documentation submitted for review does state that this is a continuation of therapy, but does not state the amount of previous visits. There is no documentation of objective functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy #12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 13,14. Decision based on Non-MTUS Citation Official Disability guidelines ,ankle and foot

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical therapy Page(s): 98-99, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) chapter 6 page 114

Decision rationale: CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. Physical Medicine Guidelines - Allow for fading of treatment frequency. MTUS post-surgical treatment guidelines allow for up to 21 visits over 16 weeks. However, the patient already has had 12 sessions of aquatic therapy. And additional 12 sessions would total 24, which exceeds the guideline recommendations. Furthermore, there is no documentation of objective benefit derived from prior aquatic therapy sessions. Therefore, the request for physical therapy #12 sessions was not medically necessary.

Aquatic therapy #12 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: CA MTUS states that aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy when reduced weight bearing is indicated, such as with extreme obesity. However, there is no mention of extreme obesity or other reason why the patient cannot undergo land-based physical therapy. The patient is more than 6 months post-op and is noted to have a normal gait on physical exam. Therefore, the request for aquatic therapy #12 sessions was not medically necessary.