

Case Number:	CM14-0095268		
Date Assigned:	09/15/2014	Date of Injury:	06/09/2013
Decision Date:	10/23/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/23/2014

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 Anesthesiology, has a subspecialty in Pain Medicine 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:

The injured worker is a 53 year old male whose date of injury is 06/09/2013. The injured worker was struck in the right leg by a luggage cart. The injured worker was found to have compartment syndrome and underwent emergency surgery. Diagnoses are sprain of the lower extremity, abnormality of gait, anxiety, insomnia and non-traumatic compartment syndrome of the lower extremity. The injured worker began a physical therapy program on 01/27/14. Evaluation dated 05/02/14 indicates that he complains of constant pain in his right ankle. The injured worker has been undergoing physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy twice weekly for 12 weeks for right leg: 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: Based on the clinical information provided, the request for aquatic therapy twice weekly for 12 weeks for right leg is not medically necessary. There is no clear rationale provided as to why reduced weight bearing is desirable as required by CA MTUS guidelines for

aquatic therapy. It appears that the injured worker has undergone prior land-based therapy with progress. The number of therapy visits completed to date is not documented. The current request exceeds CA MTUS recommendations, and there are no exceptional factors of delayed recovery provided to support this. There is no current, detailed physical examination submitted for review and no specific, time-limited treatment goals are provided. Therefore, this request is not medically necessary.