

<b>Case Number:</b>	CM15-0120964		
<b>Date Assigned:</b>	07/01/2015	<b>Date of Injury:</b>	12/01/2014
<b>Decision Date:</b>	07/30/2015	<b>UR Denial Date:</b>	05/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2015

### 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 49 year old female with an industrial injury dated 12/01/2014; 06/20/2014; and cumulative trauma 07/05/1997 to 11/12/2014. The mechanism of injury is documented as occurring when she caught the edge of the closet door with her right third toe. She also noted a second injury on 12/01/2014 as a sprained right ankle. Her diagnoses included right ankle or foot sprain/strain, third toe fracture, Morton's neuroma and right hip sprain/strain secondary to altered gait due to compensatory. Prior treatment included x-ray showing a fracture in the right third toe. Other treatments included ice pack, pain medication, soft walking shoes, referral to a podiatrist, walking boot and physical therapy. She presents on 05/18/2015 for right foot, ankle and toe pain along with right hip and leg pain. Physical examination revealed tenderness to palpation over the greater trochanteric region and right sacroiliac joint. Trendelenburg test is negative. Hip range of motion was flexion 110 degrees, extension 30 degrees, abduction 40 degrees, adduction 22 degrees, external rotation 52 degrees and internal rotation was 42 degrees. Right ankle and foot inspection revealed moderate diffuse swelling at lateral ankle. Tenderness to palpation was present over the medial joint complex and lateral joint complex. Anterior Drawer test was positive. Inversion, eversion and Tinel's test was positive. Sensation to pinprick and light touch in the bilateral lower extremities was intact and motor testing of the major muscle groups of the bilateral lower extremities revealed no weakness. Treatment plan included aquatic therapy; follow up, ultrasound study of the right ankle and right foot and Flector patch. The requested treatment for review is aquatic therapy 2 times a week for 4 weeks right ankle/foot and hip.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic therapy 2 times a week for 4 weeks right ankle/foot and hip:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints, Chronic Pain Treatment Guidelines Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), hip and pelvis (acute and chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, pages 98-99.

**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 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 work 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. The Aquatic therapy 2 times a week for 4 weeks right ankle/foot and hip is not medically necessary or appropriate.