

Case Number:	CM15-0069682		
Date Assigned:	04/17/2015	Date of Injury:	11/01/1994
Decision Date:	05/27/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/13/2015

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: Pennsylvania, Ohio, 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 70 year old male, who sustained an industrial injury on 11/01/1994. The injured worker is currently diagnosed as having status post left subtalar arthrodesis with iliac crest bone graft on 07/28/2014. Treatment and diagnostics to date has included lower extremity CT scan, left ankle MRI, left foot MRI, physical therapy, home exercise program, status post left subtalar arthrodesis, and medications. In a progress note dated 01/02/2015, the injured worker presented with complaints of pain when he walks. The treating physician reported requesting authorization for pool therapy at the gym and compression stockings.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym Program Pool Therapy for the left ankle: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy, Exercise Page(s): 20, 46.

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

Decision rationale: MTUS recommends aquatic therapy as an optional form of exercise. An initial physician review states that the records do not provide a basis for aquatic rather than land therapy; however, the records discuss that the patient has a probable subtalar non-union with pain during gait. In this situation, aquatic therapy may be better tolerated given its limited weight bearing. This request is consistent with the treatment guidelines; it is thus medically necessary.

Compression Stockings for the left ankle: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee / Compression Garments.

Decision rationale: A prior physician review states that treatment guidelines do not discuss an indication for compression garments in addition to an AFO. However, ODG discusses specific indications for compression garments and states that such garments are recommended with good evidence for specific diagnoses including prevention of edema and deep venous thrombosis. Given this patient's history of a subtalar fusion within the past year and ongoing antalgic gait limiting the patient's walking, this patient is at increased risk of both edema and DVT. Therefore, this request is medically necessary.