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**Notice of Independent Medical Review Determination**

Dated: 11/18/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	05894912
Date of UR Decision:	7/25/2013
Date of Injury:	5/30/2013
IMR Application Received:	8/13/2013
MAXIMUS Case Number:	CM13-0010405

- 1) MAXIMUS Federal Services, Inc. has determined the request for **12 sessions of physical therapy in pool is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **1 ankle x-ray is medically necessary and appropriate.**

An application for Independent Medical Review was filed on 8/13/2013 disputing the Utilization Review Denial dated 7/25/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/18/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for **12 sessions of physical therapy in pool is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **1 ankle x-ray is medically necessary and appropriate.**

**Medical Qualifications of the Expert Reviewer:**

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational 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 treatments and/or services at issue.

**Expert Reviewer Case Summary:**

All medical, insurance, and administrative records provided were reviewed.

The claimant apparently sustained fractures of the tibia and ankle in an industrial injury of May 30, 2013.

Thus far, the claimant has been treated with the following: Open reduction and internal fixation of the tibial fracture with a bone graft on June 7, 2013; imaging studies of various body parts; brief periods of time off work; and usage of a CAM walker.

In a preoperative history and physical of June 7, 2013, it is stated that the applicant will need to be non-weight bearing for six weeks and then try and improve range of motion through a CAM walker.

In later notes of June 17, 2013, and July 8, 2013, it is suggested that the applicant is still having severe distress about the foot and ankle, is having difficulty ambulating even with crutches, and reports significant swelling about the same.

In a prescription of July 5, 2013, the attending provider did endorse 12 sessions of aquatic therapy. The attending provider also stated on July 8, 2013, that x-rays of the applicant's foot showed no change and good postoperative positioning. This is echoed by earlier progress notes, which also suggest that x-rays of the ankle demonstrate appropriate positioning.

**Documents Reviewed for Determination:**

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

### 1) Regarding the request for 12 sessions of physical therapy in pool :

#### Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Post Surgical Treatment Guidelines, page 10 and 14 and the Chronic Pain Medical Treatment Guidelines, Aquatic Therapy, page 22, which are part of the MTUS.

#### Rationale for the Decision:

According to MTUS/Post Surgical Guidelines, a general course of 30 sessions of treatment is recommended following ORIF for tibial fractures. The medical records reviewed in this case indicate the employee was seemingly minimally ambulatory, was using crutches, and a CAM walker at various points in time, and was plagued with foot and ankle swelling. Aquatic therapy is therefore indicated in this context. **The request for 12 sessions of physical therapy in pool is medically necessary and appropriate.**

### 2) Regarding the request for 1 ankle x-ray :

#### Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Ankle and Foot Complaints Chapter (ACOEM Practice Guidelines, 2<sup>nd</sup> Edition (2004), Chapter 14), Special Studies, page 374, which is part of the MTUS.

#### Rationale for the Decision:

The MTUS/ACOEM Guidelines, Chapter 14, indicate that radiographic evaluation is indicated in those individuals in whom there is rapid onset of swelling and/or bruising in the case of multiple injuries and/or cannot bear weight. The records submitted for review in this case indicate the employee seemingly met all the afore-mentioned criteria. The employee was unable to bear weight. New pathology was suspected following the prior ORIF surgery, as there was seemingly significant swelling evident. The requested ankle x-ray is indicated. **The request for 1 ankle x-ray is medically necessary and appropriate.**

**Effect of the Decision:**

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers'

Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Paul Manchester, MD, MPH  
Medical Director

cc: Department of Industrial Relations  
Division of Workers' Compensation  
1515 Clay Street, 18<sup>th</sup> Floor  
Oakland, CA 94612

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Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.