

Case Number:	CM13-0030671		
Date Assigned:	11/27/2013	Date of Injury:	09/15/2012
Decision Date:	01/28/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	09/30/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation 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 physician 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 underlying date of injury in this case is 09/15/2012. The primary diagnosis is 729.4. This patient is status post a right foot fasciectomy of 08/22/2013. The patient was seen in postoperative followup 09/05/2013 and reported pain of 3/10. The patient was felt to have satisfactory postoperative progress. The treating diagnosis was fasciitis. His initial physician review noted that the medical records did not indicate whether this request for postoperative aquatic therapy was on initial treatment or whether the patient had prior postoperative therapy and that the rationale for aquatic rather than land-based therapy was not apparent. Treatment notes are handwritten and do not clearly provide a rationale for aquatic therapy as opposed to land-based therapy in this case.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op aqua therapy 2 times a week for 3 weeks for the right foot: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain-Aquatic therapy

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines Section on Aquatic Therapy, page 22, states, "Recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy." The medical records at this time do not provide a rationale as to why aquatic rather than land-based therapy would be indicated. This request is not supported by the guidelines. This request is not medically necessary.