

<b>Case Number:</b>	CM14-0012690		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	08/27/2013
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	01/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/31/2014

### 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 Physical Medicine & Rehabilitation, and is licensed to practice in Illinois. 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 26-year-old male who reported an injury on 08/27/2013 due to a crush injury to his left foot. On the clinical note dated 03/11/2014, it noted the injured worker presented with his left foot greatly improving and he could walk for longer distances but very slowly. The diagnoses were post crush surgery to the left foot, and the second diagnosis is largely illegible. No prior treatments were noted. The treatment plan included 6 sessions of aqua therapy for the left foot and Norco. The request for authorization form was not provided in the medical documents for review and the provider's rationale for the treatment was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **AQUATIC THERAPY X8 LT FOOT: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM PRACTICE GUIDELINES, CHAPTER 14, ANKLE AND FOOT COMPLAINTS ,

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22, 99.

**Decision rationale:** The MTUS Chronic Pain Guidelines recommend aquatic therapy is an optional form of exercise therapy as an alternative to land based physical therapy. Aquatic therapy can minimize the effects of gravity, so it is specifically recommended where reduced weightbearing is desirable. The MTUS Chronic Pain Guidelines recommend up to 10 physical therapy visits. Water exercise improves some components of health related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensity may be required to preserve most of the gains. An adequate examination of the injured worker was not provided detailing his current deficits to support the need for 8 sessions of therapy. There is a lack of measurable objective baseline as to measure the efficacy of the requested aquatic therapy. As such, the request is not medically necessary and appropriate.