

Case Number:	CM14-0152813		
Date Assigned:	09/22/2014	Date of Injury:	06/02/2011
Decision Date:	11/12/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	09/15/2014

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 Orthopedic Surgery 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 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 claimant is a 52 year old male who injured his left foot at work when a lid fell on it on 06/02/11. The claimant underwent surgery for left foot, second metatarsal Weil shortening osteotomy on 02/25/14. The physical therapy note dated 07/31/14 documented that the claimant had utilized his twelve physical therapy sessions and was noted to be feeling better but continued to have some pain in the second toe, weakness in the ankle muscles, decreased range of motion, an antalgic gait pattern and was unable to bear weight. It was documented that the claimant previously attended thirty physical therapy sessions in 2011 and twelve physical therapy sessions from 6/13/14 to 07/02/14. This request is for aquatic therapy of ten sessions over four weeks for the left foot.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy : 10 sessions over 4 weeks (left foot): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

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

Decision rationale: California MTUS Chronic Pain Guidelines recommend aquatic therapy as an optional form of exercise therapy where available to land based therapy. Aquatic therapy is specifically recommended where reduced weight bearing is desirable. Documentation presented for review suggests that the claimant has had twelve sessions of physical therapy following his recent surgical intervention and that he continues to have difficulty ambulating, and has recently begun weight bearing. There is some slight decrease in range of motion as well as strength. At this point it would be considered medically reasonable to proceed with aquatic therapy in an attempt to gain relief of symptomatology and improve functionality in an attempt to return him into full time, full duty work capacity. Subsequently, based on the documentation presented for review and in accordance with California MTUS Chronic Pain Guidelines, the request for aquatic therapy is considered medically reasonable and medically necessary for ten sessions over four weeks for the left foot.