

Case Number:	CM14-0175997		
Date Assigned:	10/29/2014	Date of Injury:	12/11/2012
Decision Date:	12/05/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/23/2014

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 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 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:

This is a 45-year-old female with a 12/11/12 date of injury. She sustained a cumulative trauma industrial injury during the course of her employment. According to a progress report dated 9/18/14, the patient reported an increase of sensitivity to her left foot, associated with burning and "pins and needles". She has had effective management of her pain with her current medication regimen. Objective findings: BMI 39.06, decreased range of motion of left ankle, tenderness over lateral ankle region and lateral foot, tender over plantar aspect of foot and Achilles. Diagnostic impression: plantar fasciitis, tendonitis, tarsal tunnel syndrome, depressive disorder. Treatment to date: medication management, activity modification, physical therapy, injections. A UR decision dated 9/29/14 modified the request for 12 sessions of aquatic therapy to 9-10 sessions. This claimant is treating for tendonitis and plantar fasciitis of the left foot and ankle, as well as CRPS of the left lower extremity. There is no evidence to confirm that the claimant has previously been afforded aquatic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy for the left foot, 2 times a week for 6 weeks, QTY: 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aqua Therapy Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot Chapter - Physical Therapy (Plantar Fasciitis)

Decision rationale: CA MTUS states that aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy when reduced weight bearing is indicated, such as with extreme obesity. However, in the present case, this is a request for 12 aquatic therapy sessions. Guidelines support up to 6 visits over 4 weeks for plantar fasciitis. The number of visits requested exceeds guideline recommendations. Therefore, the request for Aquatic therapy for the left foot, 2 times a week for 6 weeks, QTY: 12 sessions Is not medically necessary.