

<b>Case Number:</b>	CM14-0037161		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	01/08/2012
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	03/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/27/2014

### 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 and 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 46-year-old female who reported an injury on 01/08/2012 with a mechanism of injury not cited within the documentation provided. In the clinical notes dated 01/24/2014, noted complaints of persistent left foot pain. It was noted that the pain level status was rated at a constant 7/10 on the pain scale. It was noted that the injured worker had weakness and difficulty feeling her left foot. Within the physical examination, there was an abnormal gait. The physical examination of the left foot revealed significant tenderness to palpation to the plantar fascia, decreased sensation to the plantar fascia, as well as limited range of motion. It was also noted there was a mildly positive Tinel's sign at the tarsal tunnel. The diagnoses included left foot sprain and left foot plantar fasciitis/intermetatarsal bursitis. Prior treatments included physical therapy, pain medications, orthotics, and surgeries. The treatment plan included a prescription for Norco, Lyrica, and a request for 8 visits for aquatic therapy for the left foot. The request for authorization for eight visits for aquatic therapy for the left foot was submitted on 01/24/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 sessions of aquatic therapy for the left foot (1x8): Upheld**

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

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

**Decision rationale:** In the California MTUS Guidelines, aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight-bearing is desirable, for example extreme obesity. The frequency for aquatic therapy is 8 to 10 visits over 4 weeks. In the clinical notes provided for review, it is noted that the injured worker had calf pain with walking; however, there is a lack of documentation of the injured worker having issues with weight-bearing. There is also a lack of documentation of progress and efficacy of prior treatments such as the efficacy of physical therapy. Furthermore, there is also a lack of documentation of pain level status with or without the use of pain medications. Therefore, the request for 8 sessions of aquatic therapy for the left foot, once a week for eight weeks is not medically necessary and appropriate.