

Case Number:	CM14-0081984		
Date Assigned:	07/18/2014	Date of Injury:	09/12/2013
Decision Date:	09/03/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	06/03/2014

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:

The patient is a 32 year old male who was injured on 09/12/2013. He has been treated conservatively with physical therapy and CAM boot. Diagnostic studies reviewed include MRI of the right foot without contrast dated 02/25/2014 demonstrated 3 foot fractures and edema at the distal fifth metatarsal residual bone marrow edema noted at the fractures sites. Ortho note dated 04/21/2014 documented the patient presented for follow up of his right foot and right hand. He reported moderate pain and difficulty with standing and walking for a prolonged period of time. Objective findings on exam revealed 1+ swelling and 1+ mid foot tenderness with no deformity of the right foot. The right hand revealed palpable foreign body on the volar aspect of the distal ring finger. The patient is diagnosed with right hand foreign body and right foot fracture. He has been recommended for pool therapy twice a week for 4 weeks. It is felt that the foreign body needs to be removed from his right hand and it is unlikely it will resolve on its own accord. Prior utilization review dated 05/01/2014 states the request for Aquatic therapy #12 is not certified as there is limited evidence of significant deficits on exam or issues that necessitate this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy #12: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy, page 22; Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Aquatic Therapy.

Decision rationale: According to MTUS guidelines, aquatic therapy may be indicated where reduced weight bearing is desirable, such as in extreme obesity. This is a request for 12 aquatic therapy sessions for a 32-year-old male injured on 9/12/13 with right foot and ankle fractures treated non-operatively. However, the patient has had over 24 visits of land-based physical therapy for this condition with documentation of slow improvement. It is not clear why non-weight-bearing would be desirable in this case. He should be able to transition to a home exercise program at this point. History and examination findings do not support the need for additional therapy. Based on the above requirements, this request is not medically necessary.