

Case Number:	CM14-0084224		
Date Assigned:	07/21/2014	Date of Injury:	12/01/1998
Decision Date:	09/08/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/05/2014

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 Pain 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 52-year-old female who sustained a remote industrial injury on 12/01/98 diagnosed with neuralgia/neuritis, low back pain, cervical facet syndrome, radiculopathy, cervical pain, pain in the limb, and wrist pain. Mechanism of injury is not specified in the documents provided. The request for Aqua Therapy two times a week for six weeks for the left foot/ankle was non-certified at utilization review due to the lack of documentation regarding the number of prior sessions of physical therapy completed and the lack of noted functional deficits demonstrated for the patient's left ankle/foot. The most recent progress note provided is 05/13/14. Patient complains primarily of neck pain, bilateral wrist pain, and bilateral feet pain. Review of symptoms is positive for poor energy, numbness, tingling, constipation, nasal congestion, and high blood pressure. Physical exam findings reveal a left-sided antalgic gait; restricted range of motion of the cervical spine; spasm, tenderness, tight muscle band, and trigger point responses are positive on examination of the cervical paravertebral muscles; tenderness at the trapezius and right cervical facet joints; Spurling's maneuver causes pain; tenderness upon palpation of the lumbar spine; tenderness to palpation over the left scaphoid area; and the left foot is in a post operative shoe. Current medications include: Ambien, Miralax, Senna, Voltaren gel, Lidoderm patch, OxyContin, Soma, Norco, Amitriptyline, and Phenergan. The patient reports that medications decrease the pain to a more tolerable level and the results of the urine drug screen are consistent. It is noted that the patient is taking an arthritis pool therapy class at her local gym and would like to learn from a program directed for strengthening, stretching, evaluation, treatment, and a home exercise program for the left foot. Provided documents include several requests for authorization, work status reports, an operative report, an Agreed Medical Evaluation, physical therapy daily notes for the left ankle, and several previous progress reports. The patient's previous treatments include a cervical radiofrequency ablation, trigger point

injections, a TENS unit, knee scooter, physical therapy, epidural steroid injections, left ankle/foot surgeries, and medications. Imaging studies provided include an MRI of the left foot, performed on 08/13/13. The impression of this MRI reveals a 4 mm enhancing focus in the second intermetatarsal space, which may represent a Morton's neuroma. An EMG/NCS of the left upper extremity, performed on 05/09/14, is also included and reveals some evidence of compression neuropathy of the median nerve at the wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua Therapy 2x week x 6weeks left foot/ankle: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22,98-99.

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

Decision rationale: According to CA MTUS guidelines, aquatic therapy is "recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy." In this case, the patient has undergone land-based physical therapy sessions without specifying the exact number of sessions completed. Further, physical therapy sessions for the left ankle were completed as recently as April 2014 and the treating physician does not explain why aqua therapy sessions would benefit the patient more than continuing a home exercise program learned in these physical therapy sessions. As such, medical necessity is not supported and the request for Aqua Therapy 2x week x 6weeks left foot/ankle is not medically necessary.