MAXIMUS Federal Services

Case Number:	CM15-0003317		
Date Assigned:	01/14/2015	Date of Injury:	04/30/2013
Decision Date:	03/16/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/07/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 63 year old female, who sustained an industrial injury on 4/30/2013 when she slipped on a slippery surface causing her to do the splits when she fell. She subsequently took a fall at home. She underwent an open reduction internal fixation (ORIF) of a right tibial plateau fracture and right thigh fasciotomy and evacuation hematoma, completed on 6/20/2013 with postoperative complication of infection. EMG (electromyography)/NCS (nerve conduction studies) of the right lower extremity dated 7/15/2013 revealed severe acute right sciatic neuropathy. The diagnoses have included right hamstring injury with associated sciatic nerve neuropraxia, right foot drop secondary to sciatic nerve dysfunction, right medical plateau fracture secondary to right foot drop, and diffuse right lower extremity edema. Treatment to date has included physical therapy and aqua therapy. Currently, the IW complains of persistent radiculopathy and neuropathic pain in the right leg. Pain is made better with rest and medications. Pain is worse with activities. Objective findings included decreased strength and sensation of the lumbar spine, there is tenderness over the midline and positive Kemps on the right. Examination of the right foot revealed 4-/5 resistances on dorsiflexion. On 12/23/2014, Utilization Review non-certified aqua therapy (2x6), noting that lack of medical necessity per the guidelines. The MTUS was cited. On 1/07/2015, the injured worker submitted an application for IMR for review of aqua therapy, 2x6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy 2x6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines - Aquatic therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic TherapyPhysical medicine Page(s): 22, 98-99.

Decision rationale: This patient presents with right foot drop and is s/p ORIF of right tibial plateau fracture and right thigh fasciotomy and evacuation hematoma from 6/20/13. The treater has asked for AQUATIC THERAPY 2X6 on 12/12/14 "to the lumbar spine, right knee, right hip, and right foot . The 12/12/14 report states she does have an antalgic gait and she is afraid of falling, as she does have instability. The utilization review letter dated 12/13/14 states patient had 65 aquatherapy visits in the OP setting. Regarding aquatic therapy, MTUS states: "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." MTUS guidelines allows for 8-10 sessions of physical therapy for various myalgias and neuralgias. In this case, the patient has persistent foot drop, and has difficulty ambulating due to instability. However, there is no documentation of extreme obesity, or need for reduced weight-bearing exercises. There is no documentation that prior land-based physical therapy has not been effective. Furthermore, the request for 12 sessions exceeds MTUS guidelines for this type of condition. The request IS NOT medically necessary.