

Case Number:	CM15-0010572		
Date Assigned:	01/27/2015	Date of Injury:	01/29/2014
Decision Date:	04/06/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/16/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 55 year old female, who sustained an industrial injury on 1/29/2014. The diagnoses have included other sprains and strains of ankle. Treatment has included aqua therapy. Currently, the injured worker complains of left foot and ankle pain. Physical exam noted reduced sensory in the foot, motor reduced in the left ankle dorsiflexors and extensor hallucis longus. Left dorsal flexion was 10/15. A non-weight bearing status was not documented. Progress report, dated 6/25/2014, referenced left foot magnetic resonance imaging done on 5/12/2014, as negative for fracture, contusion, stress reaction, tendinous or ligamentous injury. Previous aqua therapy was referenced to help in the past. Specific dates/results were not noted. On 12/22/2014, Utilization Review non-certified a request for aqua therapy (3x4) for the left foot and left ankle, noting the lack of compliance with MTUS Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua Therapy 3x4 for the Left Foot and Left Ankle: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

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

Decision rationale: The injured worker sustained a work related injury on 1/29/2014. The medical records provided indicate the diagnosis of sprains and strains of ankle. Treatment has included aqua therapy. The medical records provided for review do not indicate a medical necessity for: Aqua Therapy 3x4 for the Left Foot and Left Ankle. The MTUS recommends aqua therapy as an alternative to land based therapy for those who cannot do land based therapy. It follows the physical medicine guideline. The MTUS recommends a fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2)8-10 visits over 4 weeks.