

Case Number:	CM15-0139817		
Date Assigned:	07/29/2015	Date of Injury:	12/01/2014
Decision Date:	08/27/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/20/2015

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, Pain Management

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 49 year old female with an industrial injury dated 12/01/2014, 06/20/2014, cumulative trauma 07/05/1997 to 11/21/2014. The injury is documented as occurring when she was at in the ladies room and hit her right third toe on the closet door. On 12/01/2014, she sprained her ankle when exiting a bus. Her diagnoses included pain right ankle or foot sprain/strain, third toe fracture, Morton's neuroma and right hip sprain/strain secondary to altered gait due to compensatory. Prior treatment included x-rays (fracture in her right third toe), podiatrist and a walking boot. Other treatment included ankle cast, physical therapy, electrical stimulation unit and hot and cold packs. She presents on 06/25/2015 with right ankle and right foot for pain. Objective findings included moderate swelling to right foot and ankle with positive anterior drawer sign. Right hip was slightly tender. Treatment plan included aqua therapy, MRI of right ankle, Motrin and home exercise program. The requested treatment is for aquatic therapy, 2 times weekly for 2 weeks, 4 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy, 2 times wkly for 2 wks, 4 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

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

Decision rationale: Regarding the request for aquatic therapy, the Chronic Pain Medical Treatment Guidelines specify that this is an alternative to land-based physical therapy in cases where reduced weight bearing is desirable, such as in extreme obesity. This type of extenuating factor has not been identified in this case. In fact, the patient does have documentation of "extreme obesity," and the progress note associated with this request does not provide a rationale as to why aquatic therapy was ordered. Therefore, this request is not medically necessary.