

<b>Case Number:</b>	CM15-0144098		
<b>Date Assigned:</b>	08/05/2015	<b>Date of Injury:</b>	09/20/2012
<b>Decision Date:</b>	09/02/2015	<b>UR Denial Date:</b>	06/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/27/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 56 year old female, who sustained an industrial injury on 09-20-2012. She has reported injury to the right foot. The diagnoses have included strain of foot; and osteoarthritis, localized, secondary, involving ankle and foot. Treatment to date has included medications, diagnostics, acupuncture, and home exercise program. Medications have included Norco, Naproxen, Motrin, and Omeprazole. A progress note from the treating physician, dated 05-26-2015, documented a follow-up visit with the injured worker. The injured worker reported pain in the lower back with radiation to the right leg; pain in the right ankle and right foot; her foot hurt when lying down; the pain is associated with numbness in the right foot and weakness in the right leg; the pain is frequent to constant and severe in intensity; she rated the severity of the pain as 8 out of 10 on the pain scale, which is the same as the last visit; the pain is sharp, throbbing, dull, aching, pressure like, and cramping; the pain increases with bending forward, bending backwards, standing, walking and doing exercises; she experienced increased pain with acupuncture; and Norco is helping with the pain and she denies and side effects. Objective findings included a normal gait pattern; full range of motion of the lumbar spine; there is negative straight leg raise test bilaterally in the seated and supine position; there is slight tenderness to palpation over the lateral aspect of the right foot; there is normal bulk and tone in all major muscle groups of the lower extremities; and no atrophy is noted. The treatment plan has included the request for aquatic therapy 2x5.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic Therapy 2x5: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Aquatic therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, aquatic therapy 2 times per week times 5 weeks is not medically necessary. Aquatic therapy is recommended as an optional form of exercise therapy, as an alternative to land-based physical therapy. 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. Unsupervised pool use is not aquatic therapy. In this case, the injured worker's working diagnoses are osteoarthritis, localized involving ankle and foot; and strain foot. The date of injury is September 20, 2012. Request for authorization is June 19, 2015. According to a June 3, 2015 progress note, the injured worker was authorized nine sessions of acupuncture with worsening symptoms. Subjectively, the injured worker has low back pain that radiates to the right leg and right ankle and foot pain. Objectively, the injured worker ambulates with an assistive device with a normal gait. There is no evidence of land-based physical therapy. The injured worker was improving with epsom salts. The injured worker was also engaged in a home exercise program. There is no clinical indication or rationale for aquatic therapy for the foot. Consequently, absent clinical documentation with a clinical indication and rationale for aquatic therapy and evidence of failed land-based physical therapy, aquatic therapy 2 times per week times 5 weeks is not medically necessary.