

Case Number:	CM15-0184734		
Date Assigned:	09/25/2015	Date of Injury:	02/28/2014
Decision Date:	11/02/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/21/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 52-year-old female who sustained an industrial injury on 3/13/2014. Current diagnosis includes 06-25-2015 right L5-S1 microdiscectomy. Report dated 08-21-2015 noted that the injured worker presented for follow up of the lower back injury and surgery. It was noted that the tingling in her right leg has resolved, but has some left heel discomfort. Pain level was not included. Physical examination performed on 08-21-2015 revealed negative straight leg raise, neurologic exam is intact, and range of motion is normal. Previous treatments included medications, surgical intervention, and physical therapy. The treatment plan included recommendation for swim therapy, referred to a podiatrist for the left heel pain, and continues current light duty restrictions. The utilization review dated 09-08-2015, modified the request for post-op aqua therapy eval and treat x12 and non-certified the request for referral to podiatrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op aqua therapy eval/treat x 12: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Low Back.

Decision rationale: Post-op aqua therapy eval/treat x 12 are not medically necessary per the MTUS Guidelines. The MTUS Postsurgical Guidelines support up to 16 visits over 8 weeks for this condition. The documentation does not indicate extenuating factors that necessitate 12 aqua therapy sessions. There is near normal range of motion, negative straight leg raise test and intact neurologic exam. The patient has heel pain per the documentation. The MTUS states that aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land based physical therapy for conditions such as extreme obesity. There are no extenuating circumstances that necessitate aqua therapy over land-based therapy. There are also no significant deficits on physical exam that necessitate 12 supervised therapy sessions therefore this request is not medically necessary.

Referral to podiatrist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain- Office visits.

Decision rationale: Referral to podiatrist is not medically necessary per the MTUS ACOEM and the ODG guidelines. The MTUS states that a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry outlined above, with treating a particular cause of delayed recovery (such as substance abuse), or has difficulty obtaining information or agreement to a treatment plan. The ODG states that the need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The documentation is not clear on the need for a podiatrist. The documentation does not reveal that the patient has tried conservative methods of treatment for the heel pain or significant examination findings that necessitate a podiatric consultation. This request is not medically necessary.