

Case Number:	CM15-0191924		
Date Assigned:	10/05/2015	Date of Injury:	04/11/2001
Decision Date:	11/16/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	09/29/2015

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 50-year-old female who sustained an industrial injury on 4-11-2001. Diagnoses have included complex regional pain syndrome to the left lower leg. Documented treatment includes unspecified amounts of cranial-sacral therapy, acupuncture, aquatherapy, physical therapy, participation in a functional rehabilitation program, and medication. The 9-23-2015 note states she has had good relief in the past from these conservative treatments. It is also noted that she has had lumbar sympathetic blocks in the past and was "traumatized." The injured worker continues to report bilateral foot pain and numbness, her left foot becomes cold, and she has noticed increased perspiration and mottling. Pain becomes worse with cold weather, physical activities, stress, and during sleep. It is relieved by rest. There is pain with light touch. The physician noted that she had not had treatment for her complex regional pain syndrome for greater than six months, and had had "great success" in the past with conservative therapy. The treating physician states that she is trying to avoid taking narcotics and the plan of care includes 12 sessions of aquatherapy for the left foot and ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatherapy 2x a week for 6 weeks for the left foot/ankle: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section: ankle & Foot (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy.

Decision rationale: Based on the 9/18/15 progress report provided by the treating physician, this patient presents with bilateral foot pain and bilateral hand pain with constant tingling and numbness, left > right. The treater has asked for aquatherapy 2x a week for 6 weeks for the left foot/ankle on 9/18/15. The patient's diagnosis per request for authorization dated 9/18/15 is CRPS of lower leg. The patient complains of mottling of her feet and hands, increased perspiration of left foot, coldness of left foot, warmth of her hands, and decreased pain on her legs with pain to light touch per 9/18/15 report. The patient is s/p a 6-month hiatus from medical care for her CRPS and her pain has been flaring up per 9/18/15 report. The patient has had great success with prior conservative care including acupuncture, aquatherapy, cranial-sacral therapy per 9/18/15 report. The patient walks with a cane, and with a limp per 9/18/15 report. The patient's work status is not included in the provided documentation. MTUS Guidelines, Aquatic therapy section, page 22 states: "Recommended as an optional form of exercise therapy, where available, 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. For recommendations on the number of supervised visits, see Physical medicine." MTUS Guidelines, Physical Medicine section, pages 98-99 state: "Allow for 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: 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified, 8-10 visits over 4 weeks. Reflex sympathetic dystrophy: 24 visits over 16 weeks". The treater is requesting 12 sessions of aquatherapy as it has been effective for the patient before per requesting 9/18/15 report. Utilization review letter dated 9/28/15 denies request without a rationale, citing MTUS and ODG guidelines without any references to chapter, section or page number. In regard to the request for 12 initial sessions of aquatic therapy for the management of this patient's lower extremity CRPS, there is no documentation of extreme obesity, or need for reduced weight-bearing exercises. In addition, the request for 12 sessions exceeds MTUS guidelines, which recommend up to 10 sessions for non-operative cases. Therefore, the request IS NOT medically necessary.