

<b>Case Number:</b>	CM15-0193920		
<b>Date Assigned:</b>	10/12/2015	<b>Date of Injury:</b>	07/03/2014
<b>Decision Date:</b>	11/24/2015	<b>UR Denial Date:</b>	09/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2015

### 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, Hawaii

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 48 year old female who sustained an industrial injury on 7-3-14. The injured worker reported right foot discomfort. A review of the medical records indicates that the injured worker is undergoing treatments for metatarsalgia, plantar fasciitis, antalgic gait, right foot pain, and right foot sprain strain, right ankle foot difficulty walking. Medical records dated 8-13-15 indicate right foot pain rated at 9 out of 10. Provider documentation dated 8-13-15 noted the work status as remain off work until 9-27-15. Treatment has included aquatic therapy, topical compound cream since at least March of 2015, Tramadol since at least March of 2015, Motrin since at least April of 2015, right foot magnetic resonance imaging and electrodiagnostic testing. Objective findings dated 8-13-15 were notable for tenderness to palpation to plantar fascia and metatarsal of the right foot, decreased and painful range of motion. The original utilization review (9-3-15) denied a request for Aquatic therapy two times a week for three weeks for the right foot, quantity: 6.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic therapy two times a week for three weeks for the right foot, quantity: 6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation.

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

**Decision rationale:** The attending physician report dated 8/15/15 indicates the patient had persistent complaints of ankle/foot pain. The current request is for aquatic therapy two times per week for three weeks for the right foot, quantity: 6. The attending physician requests additional aquatic therapy but offers no discussion as to why aquatic therapy is necessary. The CA MTUS guidelines do recommend aquatic therapy 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. The frequency and duration of for aquatic therapy follows the physical medicine guidelines: The CA MTUS does recommend physical therapy as an option. Passive care gives way to active care at a decreasing frequency. The guidelines allow for Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. In this case, the records indicate that the patient has completed 24 sessions of aquatic therapy. There is no documentation of functional benefit from the 24 previous sessions. There is also no discussion as to why the patient needs continued aquatic therapy or is unable to transition into a home-based exercise session. As such, the request is not consistent with MTUS guidelines and therefore the request is not medically necessary.