

<b>Case Number:</b>	CM15-0202114		
<b>Date Assigned:</b>	10/19/2015	<b>Date of Injury:</b>	11/16/2014
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	10/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2015

### 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: 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 35 year old female who sustained an industrial injury 11-16-14. A review of the medical records reveals the injured worker is undergoing treatment for chronic regional pain syndrome, posterior tibial tendinitis, deltoid ligament sprain, and ankle osteochondral injury. Medical records (09-24-15) reveal the injured worker complains of left foot and ankle pain rated at 6-7/10. The physical exam (09-24-15) reveals sensation to sharp-dull, proprioception, and vibratory stimuli procures allodynia at the left ankle. Mild edema is noted at the left medial ankle. Tenderness is noted in the left medial ankle, left plantar medial heel, and tightness is evident in the posterior calf muscles of the left foot. The left ankle exhibits "continued improving" plantar flexion and inversion contracture. Prior treatment includes orthotics, a cam walker, an unknown number of physical and aqua therapy sessions, and a tendon injection. The original utilization review (09-24-15) non certified 24 additional aqua therapy 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 a week for 12 weeks: Upheld**

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

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

**Decision rationale:** According to CA MTUS Guidelines (2009), aquatic therapy is 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). Water exercise improved some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities may be required to preserve most of these gains. In this case, the enrollee has completed a total of 37 physical therapy visits including 12 visits of aquatic therapy. The injury is over 10 months old and there is no specific indication for additional aquatic therapy sessions. There is no specific documentation of functional improvement with previous aquatic therapy. Medical necessity for the requested service has not been established. The requested service is not medically necessary.