

Case Number:	CM15-0021365		
Date Assigned:	02/10/2015	Date of Injury:	03/04/2014
Decision Date:	04/07/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	02/04/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 was a 28 year old female, who sustained an industrial injury, March 4, 2014. The injured worker felt gradual onset of right foot pain with radiation into the right calf. The injured worker complained of pain in the low back and right lower leg which increases with the cold weather, standing over 20 minutes and walking long distances. According to the progress note of January 30, 2015 the injured worker was having difficulty with home duties because of the pain in the right lower extremity. The injured worker was shifting weight from one foot to the other, which was now causing pain in the left foot and lower back. The injured worker was diagnosed with right foot joint pain, right ankle joint pain, tendonitis of the right Achilles tendon, right leg injury and left foot and ankle joint pain. The injured worker previously received the following treatments X-ray, MRI of the right lower extremity, electrodiagnostic studies of the right lower extremity, Gabapentin, Nortriptyline, physical therapy, acupuncture and a steroid injection in to the right foot. On December 10, 2014, the primary treating physician requested authorization for pool therapy 2 times a week for 3 weeks for 6 visits for bilateral lower extremity pain. February 2, 2015, the Utilization Review denied authorization for pool therapy 2 times a week for 3 weeks for 6 visits. The denial was based on the MTUS/ACOEM and ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pool Therapy 2 x 3 (6 visits): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

Decision rationale: 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. The documentation submitted for review indicates that the injured worker has injury to her right foot. She described difficulty with doing her home duties because of the pain and she has not been able to stand long durations because of the pain she experiences. She has been treated with land based physical therapy, acupuncture, and steroid injection to the foot. I respectfully disagree with the UR physician, pool therapy is indicated for the injured worker. The request is medically necessary.