

Case Number:	CM15-0032989		
Date Assigned:	02/26/2015	Date of Injury:	04/02/2013
Decision Date:	04/06/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	02/23/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 male, who sustained an industrial injury on 4/2/13. On 2/23/15, the injured worker submitted an application for IMR for review of Pool Physical Therapy for Bilateral foot, twice a week for 8 weeks. The treating provider has reported the injured worker is in as wheel chair due to post-operative multi surgeries but stands and can walk four times per day for an hour. The injured worker complains of pain in both feet and ankles. The diagnoses have included multiple trauma/multiple body parts. Treatment to date has included status post open right calcaneus fracture repair with incision and drainage on the left (4/2/13); status post triple arthrodesis left foot (8/13), status post second through fifth hammertoes reconstruction with second and third metatarsal (MT) Osteotomy (11/14); status post lumbar decompression fusion (4/2/13); status post rodding of right tibia comminuted fracture repair (4/2/13); ORIF right elbow (4/10/13); ORIF right wrist (4/14/13); Closed reduction Left knee (4/26/13). On 2/9/15 Utilization Review MODIFIED Pool Physical Therapy for Bilateral foot, twice a week for 8 weeks (X16) and an additional "Six Sessions of Pool Therapy to Bilateral Feet Is Medically Necessary". The MTUS, ACOEM Guidelines, (or ODG) were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pool Physical Therapy for Bilateral foot, twice a week for 8 weeks: Upheld

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

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

Decision rationale: 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. The length of treatment recommended is up to 8 sessions. In this case, there is not an indication of inability to perform land-based exercises. The claimant was able to bear weight. The amount requested exceeds the amount suggested by the guidelines. The request for 16 sessions of aqua therapy is not medically necessary.