

Case Number:	CM15-0039561		
Date Assigned:	03/09/2015	Date of Injury:	07/08/2011
Decision Date:	04/16/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/02/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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:

In a Utilization Review Report dated February 18, 2015, the claims administrator partially approved a request for 12 sessions of aquatic therapy as four sessions of the same. The claims administrator referenced an RFA form dated January 29, 2015. The claims administrator contended that the applicant was not working, had received 16 prior sessions of aquatic therapy to date, and nevertheless went on to approve four additional treatments. The applicant's attorney subsequently appealed. In an RFA form dated January 29, 2015, twelve additional sessions of aquatic therapy and a follow-up visit in six weeks were endorsed. In an associated progress note of the same date, January 29, 2015, the applicant reported ongoing complaints of bilateral foot pain, 7/10, attributed to plantar fasciitis, bursitis, and osteoarthritis. Additional aquatic therapy was sought. The applicant's gait was not clearly described or characterized. Permanent work restrictions were renewed, seemingly resulting in the applicant's removal from the workplace. Additional aquatic therapy was proposed while the applicant was asked to continue unspecified medications.

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 6 weeks (qty: 12): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Aquatic therapy Page(s): 98-99, 22.

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

Decision rationale: No, the request for additional aquatic therapy was not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that aquatic therapy is recommended as an optional form of exercise therapy in applicants in whom reduced weight bearing is desirable, in this case, however, the applicant's gait was not clearly described or characterized on the date of the request, January 29, 2015. It was not clearly stated or clearly established that reduced weight bearing was desirable here. It is further noted that the applicant has already had extensive prior aquatic therapy (16 sessions) and has, furthermore, seemingly failed to profit from the same. The applicant remains off of work. Permanent work restrictions remain in place, seemingly unchanged, from visit to visit. The applicant continues to report pain complaints in the 7/10 range. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite receipt of extensive prior aquatic therapy. Therefore, the request for additional aquatic therapy was not medically necessary.