

Case Number:	CM15-0042213		
Date Assigned:	03/12/2015	Date of Injury:	06/05/2010
Decision Date:	05/12/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	03/05/2015

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

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 59 year old female, who sustained a cumulative industrial injury from May 5, 2010 through April 19, 2013. She reported pain in the neck, lower back, right foot, left leg and right leg. The injured worker was diagnosed as having crush injury to the right foot, prior articular fracture of the right great toe distal phalanx and rule out complex regional pain syndrome of the right foot. Treatment to date has included diagnostic studies, surgical intervention of the right toes, physical therapy, aquatic therapy, medications and work restrictions. Currently, the injured worker complains of sleep difficulties, pain in the neck, lower back, right foot, left leg and right leg. She also reported decreased sensations and pain in the right first and second toes. The injured worker reported an industrial injury from 2010 through 2013, resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. Evaluation on December 3, 2014, revealed continued pain. She reported a significant decrease in pain with aquatic therapy. Evaluation on January 14, 2015, revealed continued pain. Additional aquatic therapy was recommended.

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 4 weeks for the right foot/big toe: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Physical medicine Page(s): 22, 98-99. Decision based on Non-MTUS Citation Official disability guidelines Foot/ankle Chapter, Physical therapy.

Decision rationale: Based on the 08/20/14 progress report provided by treating physician, the patient presents with pain to LEFT great toe, and low back pain that radiates to bilateral legs. The request is for AQUATIC THERAPY 2 TIMES A WEEK FOR 4 WEEKS FOR THE RIGHT FOOT/BIG TOE. RFA not provided. Patient's diagnosis on 08/20/14 included crush injury to right foot, prior articular fracture of right great toe distal phalanx, and rule out right foot complex regional pain syndrome. Treatment to date has included diagnostic studies, surgical intervention of the right toes, physical therapy, aquatic therapy, medications and work restrictions. The patient returned to work full-duty, per treater report dated 08/20/14. MTUS Guidelines page 22, Chronic Pain Medical Treatment Guidelines: 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 effect of gravity, so it is specifically recommended where reduced weight-bearing is desirable, for example extreme obesity. For recommendations on the number of supervised visits, see physical medicine. 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." ODG-TWC, Foot/ankle Chapter under Physical therapy states: "Crushing injury of ankle/foot (ICD9 928.2): Medical treatment: 12 visits over 12 weeks." MTUS page 98 and 99 has the following: "Physical medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine." MTUS Guidelines page 98 and 99 states that for myalgia and myositis, 9 to 10 visits are recommended over 8 weeks and for myalgia, neuritis, and radiculitis, 8 to 10 visits are recommended. Per 01/14/15 progress report, patient complains of "burning sensation in the right foot, with a tingling sensation. Patient states aquatic therapy helps reducing her pain and increasing range of motion, that aquatic therapy is the only way she is able to release pain." Having documented benefit, treater is requesting additional sessions of aquatic therapy. However, there is no diagnoses of obesity or any other physical condition that is preventing the patient from undergoing land-based therapy. Furthermore, treater has not provided any discussion as to why the patient would not be able to transition into a self-directed home exercise program. Moreover, MTUS allows 12 sessions for the patient's condition. Per UR letter dated 02/06/15, "the patient has completed 16 sessions of aquatic therapy." Based on guidelines, this request for 8 additional sessions of aquatic therapy is excessive. Therefore, the request IS NOT medically necessary.