

Case Number:	CM15-0044460		
Date Assigned:	03/16/2015	Date of Injury:	05/05/2010
Decision Date:	04/16/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	03/09/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 is a 59 year old female who sustained an industrial injury on 05/05/2010. Current diagnoses include crush injury of the right foot, prior articular fracture of the right great toe distal phalanx, and rule out complex regional pain syndrome-right foot. Previous treatments included medication management and prior aquatic therapy. Report dated 01/14/2015 noted that the injured worker presented with complaints that included burning sensation in the right foot with tingling. The injured worker stated that aquatic therapy helps to reduce her pain and increases range of motion. Physical examination was positive for abnormal findings. The treatment plan included request for aqua therapy and request for neurology report.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic two times a week times four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6: p87.

Decision rationale: The claimant is nearly 5 years status post work-related injury and continues to be treated for CRPS affecting the right foot. Treatments have included medications and aquatic therapy. On the date of service, the requesting provider documents aquatic therapy as being the only effective treatment. In this case, the claimant has already had aquatic therapy. Aquatic therapy is recommended for patients with conditions including chronic persistent pain and who have comorbidities that would be expected to limit participation in weight-bearing physical activities. The program should become self managed with consideration of a membership to a pool. Coverage should be continued if it can be documented that the patient is using the facility at least 3 times per week and following a prescribed exercise program. Requesting further skilled therapy for an aquatic exercise program is not medically necessary.