

Case Number:	CM14-0167829		
Date Assigned:	10/15/2014	Date of Injury:	08/14/2011
Decision Date:	11/18/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	10/12/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 34-year-old female with a date of injury of 08/19/2011. The listed diagnoses per [REDACTED] are: 1. Foot pain. 2. Lumbar facet syndrome. 3. Low back pain. 4. Muscle spasm. According to progress report 06/30/2014, the patient presents with low back and bilateral feet pain. The patient has developed pain gradually to the plantar aspects of both feet along with numbness. Examination of the lumbar spine revealed restrictive range of motion with flexion limited to 60 degrees and extension limited to 15 degrees by pain. On palpation, paravertebral muscles, hypertonicity, spasm, tenderness, tight muscle band, and trigger points were noted on both sides. Examination of the foot revealed no swelling, deformity, or nodules, and range of motion is normal. There was tenderness to palpation noted over the plantar aspects. This is a request for water therapy for patient's plantar fasciitis 2 times a week for 3 months. Utilization review denied the request on 09/15/2014. Treatment reports from 10/11/2013 through 09/23/2014 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Water therapy QTY: 25: Upheld

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

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

Decision rationale: This patient presents with low back and bilateral feet pain. The treater is requesting water therapy at [REDACTED] for patient's plantar fasciitis for "2 times a week times 3 months." The MTUS Guidelines page 22 recommends aquatic therapy as an option for land-based therapy in patients that could benefit from decreased weight bearing, such as extreme obesity. For number of treatments, the MTUS Guidelines page 98 and 99 recommends for myalgia, myositis, and neuritis-type symptoms 9 to 10 sessions over 8 weeks. The medical file provided for review does not discuss aqua therapy treatment history or the rationale for this request. Progress report notes, "functionally, patient is independent with ADLs and ambulation without any assistive devices." In this case, the treater's request for 24 sessions substantially exceeds what is recommended by MTUS. Furthermore, the treater does not provide a discussion as to why the patient requires aqua therapy. MTUS recommends aquatic therapy for patients with weight bearing restrictions. In this case, such documentation is not noted, and the request is not medically necessary.