

<b>Case Number:</b>	CM14-0178790		
<b>Date Assigned:</b>	11/03/2014	<b>Date of Injury:</b>	12/11/2012
<b>Decision Date:</b>	12/09/2014	<b>UR Denial Date:</b>	09/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2014

### 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 45 year old with an injury date on 12/11/12. Patient complains of increased pain/sensitivity in left foot that is burning and "pins and needles" per 9/18/14 report. Patient also has some right foot pain due to compensating, and also increased overall pain in the evenings per 9/18/14 report. Based on the 9/18/14 progress report provided by [REDACTED] the diagnoses are: 1. plantar fasciitis (primary) 2. tendonitis NOS, left foot 3. tarsal tunnel syndrome, possible workup pending 4. depressive disorder NOS, secondary to her pain Exam on 9/18/14 showed "slight swelling in left foot, decreased range of motion/extension of left ankle. Normal gait." Patient's treatment history includes a left lumbar sympathetic block on 8/8/14 with reduction of pain, and medications. [REDACTED] is requesting aquatic therapy 2x6 = 12 sessions for ROM left foot. The utilization review determination being challenged is dated 9/29/14. [REDACTED] is the requesting provider, and he provided treatment reports from 2/6/14 to 12/13/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic Therapy 2 x 6=12 sessions for ROM Left Foot: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy. Decision based on Non-MTUS Citation ACOEM Guidelines, Aquatic Therapy

**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 left foot pain. The treater has asked for AQUATIC THERAPY 2x6 = 12 sessions for ROM left foot on 9/18/14. Review of the reports do not show any evidence of aquatic therapy being done in the past. Regarding aquatic therapy, MTUS states: "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." MTUS guidelines allows for 8-10 sessions of physical therapy for various myalgias and neuralgias. In this case, there is no documentation of extreme obesity, or need for reduced weight-bearing exercises. The patient has a normal gait, and there is no documentation that land-based physical therapy has been attempted. Furthermore, the request for 12 sessions exceeds MTUS guidelines. Recommendation is for denial.