

<b>Case Number:</b>	CM14-0183548		
<b>Date Assigned:</b>	11/10/2014	<b>Date of Injury:</b>	06/08/2006
<b>Decision Date:</b>	12/12/2014	<b>UR Denial Date:</b>	10/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2014

### 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 Emergency Medicine 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 injured worker is a 48-year-old male who reported an injury on 06/08/2006, the mechanism of injury was not provided. On 04/21/2014, the injured worker demonstrated continuation of improvement regarding the feet. Upon examination, there was no sensation of the bilateral feet noted pertaining to the toes and deep tendon reflexes for the Achilles and patella tendons are 2+/4 bilaterally. There was no Babinski present and clonus was not elicited bilaterally. Was 5/5 strength in all muscles controlling dorsiflexion, plantar flexion, inversion and eversion. The injured worker ambulated with full weight bearing wearing regular shoe gear. Has had symptomatic pain in regards to dysfunction of his diabetic state. Diagnoses were status post amputation of the right hallux and 2nd toe, diabetes and Charcot feet bilaterally. The provider recommended aquatic therapy twice a week for 6 weeks for the lumbar, bilateral knee and feet. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aqua Therapy, twice a week for six weeks (2x6) for the lumbar, bilateral knees and feet:**  
Upheld

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

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

**Decision rationale:** The request for active therapy twice a week for 6 weeks for the lumbar, bilateral knee and feet is not medically necessary. California MTUS Guidelines state that active therapy is recommended as an optional form of exercise therapy as an alternative to land based physical therapy. Aquatic therapy can minimize effects of gravity so it is specifically recommended where reduced weight bearing is desirable. The guidelines recommend 10 visits of physical therapy over 4 weeks. There was lack of documentation objective functional deficits noted upon physical examination. Additionally, the provider's recommendation of active therapy twice a week for 6 weeks exceeds the guideline recommendations. As such, medical necessity has not been established.