

Case Number:	CM15-0127806		
Date Assigned:	07/14/2015	Date of Injury:	07/24/2003
Decision Date:	08/11/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	07/01/2015

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: Preventive Medicine, Occupational Medicine

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 53 year old female, who sustained an industrial injury on 7/24/2003. The records submitted for this review did not include the details regarding the initial injury. Diagnoses include knee strain, sciatica, meniscus tear, lumbosacral strain and she had a history of a kidney transplant. Treatments to date include physical therapy, acupuncture treatments and medication therapy. Currently, she complained of worsening pain in the upper and lower back with radiation to right leg associated with numbness and tingling as well as locking and giving away of the right knee. On 5/14/15, the physical examination documented tenderness and multiple trigger points palpated with guarding. The plan of care included aquatherapy three times a week for six weeks and custom orthotic to stabilize the hind foot and stabilize the gait.

IMR ISSUES, DECISIONS AND RATIONALES

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

Custom Orthotics: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370, 371.

Decision rationale: The MTUS Guidelines recommend the use of rigid orthotics (full shoe length inserts made to realign within the foot and from foot to leg) for patients with plantar faciitis and metatarsalgia. Orthotics may reduce pain experienced during walking and may reduce more global measures of pain and disability. In this case, there is no documentation of a diagnosis of plantar faciitis or metatarsalgia. The request for custom orthotics is determined to not be medically necessary.

Aquatherapy 18 sessions 3x6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Section, Physical Medicine Section Page(s): 22, 98, 99.

Decision rationale: The MTUS Guidelines recommend the use of aquatic therapy as an optional form of exercise therapy as an alternative to land-based therapy. Aquatic therapy can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable. Physical medicine is intended to have fading of treatment frequency as the patient replaces guided therapy with a home exercise program. The total number of sessions recommended for neuralgia, neuritis, and radiculitis is 9-10 visits over 4 weeks. In this case, aquatherapy is warranted, however, the request for 18 sessions exceeds the recommendations of the established guidelines. The request for aquatherapy 18 sessions 3x6 is determined to not be medically necessary.