

Case Number:	CM15-0179625		
Date Assigned:	09/21/2015	Date of Injury:	07/03/2014
Decision Date:	10/27/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	09/11/2015

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 48 year old female, who sustained an industrial injury on 7-3-14. She reported right foot pain. The injured worker was diagnosed as having metatarsalgia, plantar fasciitis, antalgic gait, right foot pain, right foot sprain and strain, and right ankle or foot difficulty walking. Treatment to date has included aquatic therapy, 24 physical therapy sessions, acupuncture, and medication. Physical examination findings on 7-16-15 included right foot tenderness to palpation in the 1st-4th metatarsals and plantar fascia. The injured worker walked with a limp and right foot ranges of motion were decreased and painful. Currently, the injured worker complains of right foot pain radiation to the right hip rated as 9 of 10. The treating physician requested authorization for aquatic therapy for the right foot and lower extremity 2x3. On 8-11-15, the request was non-certified; the utilization review physician noted "within the medical information available for review, there is documentation of 24 therapy sessions completed to date which exceeds therapy guidelines. In addition there is no documentation of objective improvement with previous treatment and a statement identifying why an independent home exercise program would be insufficient to address any remaining functional deficits."

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy, Right Foot/ Lower Extremity, 2 times wkly for 3 wks, 6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines: Foot & Ankle.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy and Other Medical Treatment Guidelines Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6: p87.

Decision rationale: The claimant sustained a work injury in July 2014 when a heavy push cart rolled over her right foot. She had 12 sessions of land-based physical therapy through January 2015 and then received acupuncture and aquatic therapy treatments on a weekly basis until June 2015. When seen in July 2015, she was still attending aquatic therapy two times per week. When seen, she was having constant severe pain rated at 9/10. Physical examination findings included metatarsal and plantar fascia tenderness. Her body mass index was over 27. Authorization was requested for 12 additional aquatic therapy treatment sessions for increased range of motion, decreased pain, and improvement in activities of daily living. Aquatic therapy is recommended for patients with chronic low back pain or other chronic persistent pain who have co-morbidities such as obesity or significant degenerative joint disease that could preclude effective participation in weight-bearing physical activities. In this case, the claimant had already benefited from the skilled aquatic therapy treatments provided. Transition to an independent pool program would be appropriate and would not be expected to require the number of requested skilled treatments. The request is not medically necessary.