

Case Number:	CM14-0147166		
Date Assigned:	09/15/2014	Date of Injury:	03/09/2014
Decision Date:	10/20/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/10/2014

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 and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 20-year old female was reportedly injured on March 9, 2014. The mechanism of injury was noted as a ceramic plate fall on the left foot. The most recent progress note, dated July 24, 2014, indicated that there were ongoing complaints of left foot pain. The physical examination demonstrated a slight discoloration of the left foot, and significant left foot pain. A prior examination, dated May 29, 2014, revealed no swelling or discoloration, no tenderness to the left foot, and there was normal strength and range of motion. Diagnostic imaging studies of the left foot were normal. An MRI of the left foot noted mild degenerative changes of the first metatarsophalangeal joint and possible bone marrow edema at the hallux sesamoids. Previous treatment included crutches, physical therapy, an orthopedic shoe, elevation, modified duty, and oral medications. A request was made for aquatic therapy twice week for six weeks for the left foot and was not certified in the preauthorization process on August 26, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy two time six for the left foot (2x6): Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.
Decision based on Non-MTUS Citation ODG Physical Therapy Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009), Aquatic therapy Page(s): 22 of 1.

Decision rationale: A review of the medical record indicates that the injured employee has participated in four visits of physical therapy without any apparent efficacy. At this point, it is anticipated that the injured employee will have transitioned to a home exercise program. There is no indication in the medical record as to why aquatic therapy must be used over land based therapy. Therefore, this request for aquatic therapy twice week for six weeks for the left foot is not medically necessary.