MAXIMUS Federal Services

Case Number:	CM13-0026747		
Date Assigned:	11/22/2013	Date of Injury:	10/21/2011
Decision Date:	02/27/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/19/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in Texas. 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 physician 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 44-year-old female who reported an injury on 10/21/2011. The mechanism of injury was cumulative trauma related to job duties. Subsequently, the patient complains of persistent pain in her cervical and lumbar spine with radiation to upper and lower extremities. The patient received an MRI of the cervical spine on 08/30/2012 that reported a diffuse disc protrusion effacing the thecal sac at C5-6 with narrowing of the right neural foramen that effaces the right C6 exiting nerve root. There was also a diffuse disc protrusion effacing the thecal sac at C6-7 with no nerve root involvement. On this date, there was also an MRI of the left ankle that reported a chronic partial tear of the anterior talofibular ligament, as well as spur formation at the dorsolateral aspect of talonavicular joint. MRI of the lumbar spine also performed on this date, noted a hemangioma at the L3 and L4 vertebrae, perineural cysts along the S1 transiting nerve roots bilaterally within the spinal canal, narrowing of the right neural foramen that effaces the right L3 exiting nerve root, a diffuse disc protrusion at L4-5 with bilateral stenosis of the neural foramina encroaching the left L4 exiting nerve roots, and a broad-based disc protrusion at L5-S1 with no neural involvement. MRI of the left wrist performed on this date reported a ganglion cyst at the volar aspect of the radiocarpal joint and a small effusion at the distal radioulnar, radiocarpal, and ulnocarpal joints, and surrounding pisiform. Electrodiagnostic studies of the bilateral upper extremities and bilateral lower extremities were negative for any neural entrapment or neuropathies. The patient also has a history of 8 sessions of chiropractic treatment and 6 sessions of acupuncture, as well as a right carpal tunnel release. The patient received 6 visits of physical therapy post carpal tunnel release. The patient is on an unspecified medication regimen and her current diagnoses include cervical radiculopathy (723.4); lumbosacral radiculopathy (724.4); shoulder impingement (726.2); and wrist tendinitis/bursitis (726.4).

IMR ISSUES, DECISIONS AND RATIONALES

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

A series of 6 Aqua therapy sessions for the neck and lower back: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disaability Guidelines Neck & Upper Back; Low Back- Lumbar & Thoracic chapters

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter section on Aquatic Therapy.

Decision rationale: The Official Disability Guidelines recommend aquatic therapy as an option where available, to minimize the effects of gravity where reduced weightbearing is desirable. Official Disability Guidelines only recommend aquatic therapy to treat conditions in the lower back and lower extremities, and not the neck. The medical records submitted for review did not provide any evidence as to why the patient required aquatic therapy over land-based exercise. There is no mention in the notes that the patient is severely obese or that she cannot tolerate regular physical exercise. There were also no objective reports in the most recent clinical notes providing quantitative values of the patient's ranges of motion, muscle strength, sensation, and reflexes. Without this information, the medical necessity cannot be determined. As such, the request for 6 aqua therapy sessions for the neck and lower back is not medically necessary and appropriate.