

Case Number:	CM13-0027827		
Date Assigned:	11/22/2013	Date of Injury:	04/03/2012
Decision Date:	01/16/2014	UR Denial Date:	09/05/2013
Priority:	Standard	Application Received:	09/23/2013

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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 claimant sustained an injury on 04/03/12. Mechanism of injury is not clear on documentation submitted. Per 7/11/13 secondary treating physician report patient says he has been getting pain relief with his current medications in terms of his upper and lower back pain. He has pain in his right elbow. He Is taking Remeron for his depressive symptomatology and sleep problems. He feels his current pain slightly impacting his general activity and enjoyment of life. He is not eurrently working. Objective Flndings on Physical Examination at this appointment included: The ranges of motion of the lumbar spine were slightly-to-moderately restricted in all planes. The ranges of motion of the bilateral elbows were as follows - Right/Left: Extension 0/0; Flexion 140/140; Pronation 80/80; and Supination 80/80 degrees. There was palpable tenderness noted to the lateral aspect of the right elbow. There were multiple myofascial trigger points and taut bands noted throughout the thoracic and lumbar paravertebral musculature as well as in the gluteal muscles. He could not perform heel-toe gait well with the right foot. Heel-toe gait with the left foot was nonnal. Sensation to fine touch and pinprick was aaeased in the lateral aspect of the right calf as well as in the toes of the right foot. Patient was diagnosed with: CHRONIC MYOFASCIAL PAIN YNDROME, THORACOLUMBAR SPINE, RIGHT LATERAL EPICONDYLITIS, MOOERATE RIGHT L5 RADICULOPATHY. He received trigger point injections (4) into thoracic and lumbar muscles. He was given refills for Naproxen and Mirtazipine. It was recommended that he have aquatic therapy, continue a home muscle stretching program, and deep breathing meditation for relaxation. The issue presented is whether aquatic therapy is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

aqua therapy 2 x 6 weeks: Upheld

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

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

Decision rationale: Per MTUS guidelines aquatic therapy 2 x 6 weeks is not medically necessary as there is no documentation why the patient cannot form landbased physical therapy, no documentation of a reason reduced weight bearing is desirable (i.e. extreme obesity.). Chronic Pain Medical Treatment Guidelines 8 C.C.R.Â§Â§9792.20 - 9792.26MTUS (Effective July 18, 2009) Page 22 of 127. Aquatic therapy recommended as an optional form of exercise therapy, where available, as an alternative to landbased physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. For recommendations on the number of supervised visits, see Physical medicine. Water exercise improved some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities may be required to preserve most of these gains. (Tomas-Carus, 2007)