

Case Number:	CM13-0040905		
Date Assigned:	12/20/2013	Date of Injury:	06/05/1998
Decision Date:	02/27/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	10/29/2013

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 Internal Medicine, and is licensed to practice in Rhode Island. 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:

58 year old female presents for a request for aqua therapy for chronic cervical and thoracic area pain. The date of work related injury was 6/5/98. She has pain involving her neck and trapezius area muscles. Exam reveals flexion 20 degrees, extension 10 degrees, rotation 10 degree and lateral motion 10 degrees. She also has point tenderness. She has had land based physical therapy over an extended period of time but exact dates are not available. She has had no surgery. She had trigger point injection. She had aqua therapy in the past but the date and results are not clear. She takes multiple medication including Naprosyn, Flexeril and Vicodin. No surgery is planned in the future.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) aquatic therapy visits for the cervical and thoracic spines.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

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

Decision rationale: The beneficiary request is not medically necessary. She has not demonstrated success with prior aquatic therapy and not demonstrated a particular need for

aquatic therapy at present. It is not noted that she has extreme obesity or that reducing weight bearing in the neck and thoracic area will be of clinical benefit. See below for MTUS guidelines on aquatic therapy. 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..