

Case Number:	CM13-0043488		
Date Assigned:	12/27/2013	Date of Injury:	01/23/2013
Decision Date:	04/18/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/24/2013

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 Preventive Medicine, and is licensed to practice in California. 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:

According to the records made available for review, this is a 54-year-old female with a 1/23/13 date of injury. At the time (9/19/13) of request for authorization for 12 additional aquatic therapy visits for the cervical and lumbar spine, there is documentation of subjective (neck, shoulder, back (upper and lower), hip, right side, ankle, and foot pain) and objective (decreased active cervical range of motion, decreased lumbar spine range of motion, decreased sensation over the right little finger, and multiple myofascial trigger points are noted throughout the neck and shoulder girdle as well as low back and hip girdle) findings, current diagnoses (cervical sprain/strain with regional myofascial syndrome, sprain lumbar region with regional myofascial pain syndrome, articular cartilage disorder of the ankle and foot, carpal tunnel syndrome, and plantar nerve lesion), and treatment to date (chiropractic treatment and aquatic therapy). Medical report identifies that the patient has been participating in water therapy. There is no documentation of remaining functional deficits. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of aquatic therapy provided to date. Furthermore, there is no documentation from the treating physician of an indication for which reduced weight bearing is needed (extreme obesity, need for reduced weight bearing, or recommendation for reduced weight bearing).

IMR ISSUES, DECISIONS AND RATIONALES

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

12 ADDITIONAL AQUATIC THERAPY VISITS FOR THE CERVICAL AND LUMBAR SPINE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines AQUATIC THERAPY Page(s): 22. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE , 2ND EDITION, (2004) PAIN, SUFFERING, AND THE RESTORATION OF FUNCTION CHAPTER, 114. OFFICIAL DISABILITY GUIDELINES (ODG), LOW BACK, AQUATIC THERAPY.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that aquatic therapy is recommended where reduced weight bearing is desirable (such as extreme obesity). MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. MTUS identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services (objective improvement with previous treatment). ODG identifies visits for up to 10 visits over 8 weeks in the management of lumbar spine sprain/strain. Within the medical information available for review, there is documentation of diagnoses of cervical sprain/strain with regional myofascial syndrome, sprain lumbar region with regional myofascial pain syndrome, articular cartilage disorder of the ankle and foot, carpal tunnel syndrome, and plantar nerve lesion. In addition, there is documentation of previous aquatic therapy sessions completed to date. However, there is no documentation of the number of previous aquatic therapy treatments and, if the number of treatments have exceeded guidelines, remaining functional deficits that would be considered exceptional factors to justify exceeding guidelines. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of aquatic therapy provided to date. Furthermore, there is no documentation of an indication for which reduced weight bearing is needed (extreme obesity, need for reduced weight bearing, or recommendation for reduced weight bearing). Therefore, based on guidelines and a review of the evidence, the request for 12 additional aquatic therapy visits for the cervical and lumbar spine is not medically necessary.