

Case Number:	CM13-0048857		
Date Assigned:	12/27/2013	Date of Injury:	06/05/1998
Decision Date:	03/26/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/06/2013

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 and Rehabilitation, has a subspecialty in Pain Management 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 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:

This is a female patient of the date of injury of June 5, 1998. A utilization review determination dated October 23, 2013 recommends noncertification of "therapeutic procedure, one or more areas, each 15 minutes; aquatic therapy with therapeutic exercises." A progress report dated September 26, 2013 identifies subjective complaints indicating that the patient still has spasm and tightness in the neck and upper back. The note indicates that she had water therapy when she was initially injured which was helpful for her pain. She cannot recall exactly how many sessions she had but states that she had less spasms in her neck and could turn her head from side to side. Objective examination findings identify increased pain on flexion of the spine at 20°, on extension at 10°, on rotation at 10°, and on lateral tilt at 10°. Paravertebral muscle examination of both sides shows tenderness, hypertension is that he, and trigger points. Diagnoses include cervical brachial syndrome, neck pain, thoracic spine pain, and sprains and strains of the neck. Treatment plan recommends 12 sessions of aquatic therapy, and trigger point injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

therapeutic procedure, 1 or more areas, each 15 minutes; aquatic therapy with therapeutic excercises: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter, Physical Therapy and Chronic Pain Medical Treatment Guidelines, pages 22/98-99.

Decision rationale: Regarding the request for aquatic therapy, Chronic Pain Treatment Guidelines state that aquatic therapy is recommended as an optional form of exercise therapy where available as an alternative to land-based physical therapy. They go on to state that it is specifically recommended whenever reduced weight bearing is desirable, for example extreme obesity. Guidelines go on to state that for the recommendation on the number of supervised visits, see physical therapy guidelines. ODG recommends a maximum of 9 visits of physical therapy over 8 weeks following a 6 visit clinical trial, in the treatment of neck pain. Within the documentation available for review, there is no statement indicating why the patient would require reduced weight-bearing exercise. Additionally, reduced weight-bearing exercise is usually recommended for knee or low back problems, but not generally utilized for cervical complaints. The requesting physician has not stated why aquatic therapy would be indicated for this patient's current cervical complaints. Additionally, the number of treatments requested (12 sessions) exceeds the initial 6 visit trial recommended by ODG. In the absence of clarity regarding those issues, the currently requested aquatic therapy is not medically necessary.