

Case Number:	CM13-0054041		
Date Assigned:	12/30/2013	Date of Injury:	04/20/2009
Decision Date:	08/11/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/31/2013

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 Physical Medicine and Rehabilitation, 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:

The injured worker is a 59-year-old female who reported an injury on 4/20/09. The mechanism of injury was not provided for review. The injured worker has been diagnosed with right AC joint arthrosis, cervical spine degenerative disc disease, functional impairment, peripheral neuropathy, pain, and a history of transient ischemic attack. Conservative care, including aqua-therapy was initiated. The injured worker was placed on Celebrex and scheduled PT/INR lab draws were ordered prophylactically. The injured worker was returned to work on 10/27/13 with modifications including no overhead lifting, no heavy lifting, and the use of an ergonomic work station. The limited documentation fails to provide with an adequate description of the nature of the pain, the pain scale, and tests conducted to reach these diagnoses. The injured worker takes Celebrex, Flexeril, and ibuprofen. The documentation is severely limited; during an office visit on 9/27/13, the injured worker stated her condition had improved 60% since the date of injury. The injured worker went on to report she had received an unknown number of aqua therapy sessions in 2012 and the sessions had helped her. On her last reported visit with her physician on 10/27/13, the injured worker reported an increase in weight gain, decreased range of motion to the cervical spine and bilateral upper extremities, and no improvement in pain management.

IMR ISSUES, DECISIONS AND RATIONALES

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

AQUATHERAPY TWICE A WEEK FOR FOUR WEEKS FOR THE CERVICAL SPINE AND RIGHT SHOULDER: Upheld

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

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

Decision rationale: The California MTUS Guidelines list aquatic therapy as a recommended optional form of exercise therapy, when available, as an alternative to land-based physical therapy. Aquatic therapy, including swimming, can minimize the effects of gravity so it is specifically recommended when reduced weightbearing is desirable, such as in the case of extreme obesity. The MTUS guidelines state the initial number of therapy sessions the injured worker may receive 8-10 visits over four weeks. The advantages of aquatic therapy for the injured worker are noted with the injured worker's weight being classified as morbidly obese and her use of a wheelchair to ambulate after having suffered a previous transient ischemic attack. The documentation is severely limited; during an office visit on 9/27/13 the injured worker stated her condition had improved 60% since the date of injury. The injured worker went on to report she had received an unknown number of aqua therapy sessions in 2012 and the sessions had helped her. There is no objective data available measurably noting where or what the improvements were. The initial number of physical therapy sessions including aqua therapy is not known. The request for additional aqua therapy sessions would likely exceed the MTUS guidelines and not be in compliance with objective reports of specific improvements. As such, the request is not medically necessary.