

Case Number:	CM13-0055116		
Date Assigned:	12/30/2013	Date of Injury:	09/28/2003
Decision Date:	03/18/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	11/20/2013

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 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 49-year old female with a date of injury of 9/28/03. The patient has a history a cervical spine injury with subsequent anterior cervical discectomy/fusion at C4-C7 in 2006. The patient also has history of left shoulder arthroscopy in 2004. She has had extensive conservative care, including medications, PT, trigger point injections, epidural steroid injections and activity modification. The patient receives chronic care and medications from a pain specialist for diagnoses of post-traumatic headaches, depression, s/p cervical spine surgery, s/p left shoulder arthroscopy, C7 radiculopathy, L4-5 radiculopathy, and chronic myofascial pain. Aquatic therapy, in the form of a gym membership, is recommended by the treating physician on 4/17/13. This "aquatic therapy" request is repeated in subsequent notes. Subsequent reports through the most recent report note some waxing-waning of pain symptoms, but overall, the patient is stable, and there is no report of new injury or acute flare at the most recent report on 10/23/13, only chronic pain symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for Aquatic Therapy 1 time a week for 6 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Gym memberships.

Decision rationale: Aquatic therapy is guideline supported as an alternative form of supervised therapy, where treatment specifically requires a reduced weight bearing environment and where the effects of gravity are minimized. This patient has chronic symptoms, with no report of acute flare, new injury, or new/progressive impairments, therefore, there is no medical necessity for re-initiation of skilled therapy, land or aquatic, versus doing a home exercise program at this juncture. What is notable in this case, however, is that the request is submitted as "aquatic therapy", but it appears that the real request is for a gym membership to [REDACTED]. Gym memberships are not medical treatment or standard of care, and unsupervised exercise in patients with medical issues and no direct feedback to the healthcare provider can result in worsening the condition. Gym memberships are not recommended in ODG, and are not medically necessary.