

Case Number:	CM13-0057715		
Date Assigned:	12/30/2013	Date of Injury:	05/05/2008
Decision Date:	03/26/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	11/25/2013

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 Family Medicine, has a subspecialty in Family 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 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:

The 54 year old female claimant sustained an injury on 5/5/08 that resulted in chronic neck, lower back and shoulder pain. She had a diagnosis of cervical disc herniation with radiculopathy, lumbar spine fusion surgery, bilateral shoulder tendonosis and sleep disturbance due to pain. She has undergone spinal injections. An examination report on 9/26/13 showed tenderness in bilateral arms, paraspinal muscles and restricted range of motion. A request was made for aquatic therapy 2x/wk. for 6 wks at the time and again on 11/14/13. The symptoms have been stable for a year. She had previously completed numerous aquatic therapies over the prior year for the same indications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Aquatic Therapy two (2) times a week for six (6) weeks for the cervical/thoracic and lumbar spine (DOS: 11/14/13): Upheld

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

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

Decision rationale: Aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based 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. The physical therapy guidelines state the following: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks In this case the aquatic therapy has been performed for a year and the symptoms are stable. There is no further indication to continue aquatic therapy.