

Case Number:	CM13-0067465		
Date Assigned:	01/03/2014	Date of Injury:	01/24/2005
Decision Date:	05/28/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	12/16/2013

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 patient is an employee of [REDACTED] and has submitted a claim for pain over the left back/upper trap area, with an industrial injury date of January 24, 2005. Treatment to date has included trigger point injections, land based physical therapy, chiropractic care, medications which include Nucynta, Tylenol with Codeine, Codeine Sulfate, Oxymorphone, Robaxin, Soma, Piroxicam, Darvocet-N 100 utilization review from December 11, 2013 has denied the request for 12 aquatic physical therapy sessions because the chief complaint has been resolved with other forms of treatment. Medical records from 2007 to 2013 were reviewed, the latest of which dated December 6, 2013 which revealed that the patient has good pain control while taking Nucynta for 2 days. The pain over the left upper back/upper trap area was resolved with medication and trigger point injection. The patient stated that land-based physical therapy exacerbated the pain. On examination of the cervical spine, range of motion was restricted with flexion limited to 30 degrees due to pain, extension limited to 30 degrees, lateral rotation to the left limited to 60 degrees due to pain and lateral rotation to the right limited to 60 degrees. On examination of paravertebral muscles, tenderness of the rhomboid, upper trapezius and levator scapulae was noted on the right side. Biceps reflex is 1/4 on the left side. Triceps reflex is 2/4 on both sides. Brachioradialis reflex is 2/4 on both sides. On motor examination of C5 elbow flexors on the left, strength was 4/5. Pinprick test slightly decreased at median nerve distribution. On examination of the lumbar spine, range of motion was restricted with flexion limited to 45 degrees due to pain, extension limited to 1 degree due to pain, lateral rotation to the left limited to 45 degrees and lateral rotation to the right limited to 45 degrees. Sensation is slightly decreased in the left L5-S1 distribution. On examination of the left shoulder, no limitation is noted on flexion, extension, adduction, abduction, active elevation, passive elevation, internal rotation or external rotation. Hawkins test positive. Speeds test, Yergason's test, Popeye's test, Crank's test, O'Brien's

test, apprehension test, anterior stress test, posterior stress test, and Jobe relocation test are negative.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 AQUATIC PHYSICAL THERAPY SESSIONS: 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 rationale: As stated on pages 22-23 of the Chronic Pain Medical Treatment Guidelines, aquatic therapy is recommended as an alternative to land-based physical therapy where reduced weight-bearing is desirable such as extreme obesity or fractures of the lower extremity. In this case, the patient complained that land-based physical therapy exacerbated the pain. The latest progress notes indicate that the pain is improving with Nucynta and trigger point injections. It is unclear whether the pain experienced in land based physical therapy was not relieved with the medications. In any case, the main problem of the patient has resolved with other modalities and aqua therapy is not necessary. Therefore, the request 12 aquatic physical therapy sessions is not medically necessary and appropriate.