

Case Number:	CM14-0001695		
Date Assigned:	01/22/2014	Date of Injury:	05/21/1998
Decision Date:	03/25/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/06/2014

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 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 patient is a 51-year-old with date of injury on 05/21/1998. The progress report dated 01/10/2013 by [REDACTED] indicates that the patient's diagnoses include: (1) Cervical/trapezial musculoligamentous sprain/strain, (2) Thoracolumbar musculoligamentous sprain/strain with attendant 1-2 mm disk bulging at L4-L5 level, per MRI study, (3) Bilateral upper extremity overuse syndrome inclusive of following: Bilateral forearm and wrist flexor and extensor tendinitis, bilateral elbow, lateral epicondylitis, bilateral de Quervain's tenosynovitis, right side greater than left, (4) Cervicogenic headaches, (5) Fibromyalgia syndrome, (6) Major depression with anxiety. The treating physician had mentioned the patient had recently undergone 12 of 16 authorized aquatic therapy sessions and reported increased range of motion and flexibility with decreased pain. Utilization review letter dated 12/27/2013 issued a noncertification of 8 sessions of aquatic therapy. A progress report dated 11/26/2013 was referenced by [REDACTED] which was not available for review. However, utilization review referenced this report and stated that patient had reported worsening neck, and back pain without any identifiable reason. Exam findings included tenderness to palpation with muscle guarding of her bilateral paraspinal musculature. There was a global decrease in range of motion. Evaluation of the lumbar spine showed tenderness and muscle guarding over the paraspinal musculature. Range of motion was globally decreased.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy, twice per week for four weeks: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22, 98 and 99.

Decision rationale: The records appear to indicate the patient had recently reported worsening of neck and back pain. The patient had previously undergone aquatic therapy dating back to January of 2013 which the patient had improved range of motion, decreased pain, and improved function. The Chronic Pain Medical Treatment Guidelines states that aquatic therapy is recommended as an optional form of exercise therapy, were available, as an alternative to land-based physical therapy. Aquatic therapy can minimize the effects of gravity, so, it is specifically recommended where reduced weight-bearing is desirable. The Chronic Pain Medical Treatment Guidelines states that for diagnoses such as myalgia and myositis, unspecified 9 to 10 visits is recommended over a week's period. The request for 8 sessions of aquatic therapy appears to be reasonable as this patient seems to have recently experienced a worsening of symptoms and has had success with aquatic therapy in the past. The patient's last aquatic therapy appeared to be in January of 2013. The number of aquatic therapy sessions appears to be within the Chronic Pain Medical Treatment Guidelines for physical medicine. The request for aquatic therapy, twice per week for four weeks, is medically necessary and appropriate.