MAXIMUS Federal Services

Case Number:	CM14-0109391		
Date Assigned:	08/01/2014	Date of Injury:	09/17/2010
Decision Date:	09/19/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/14/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 58-year-old male who reported an injury after he tripped over an air hose and landed on his right elbow on 09/17/2010. The clinical note dated 07/25/2014 indicates a diagnoses of cervical myoligamentous injury with right upper extremity radicular symptoms and lumbar myoligamentous injury. The injured worker reported he had a second lumbar epidural injection which was done 07/03/2014. The injured worker reported excellent, 75% pain relief with ability to notably increase his range of motion, activity level, weight bearing, and activities of daily living. The injured worker reported he used 50% less medication for his cervical spine compared to his medication used prior to the injection. The injured worker reported debilitating thoracolumbar pain, which was mostly axial in nature that worsened with extension and facet loading. On physical examination of the cervical spine, there was tenderness to palpation in the posterior cervical spine musculature, trapezius, medial scapular, and suboccipital region, with multiple trigger points and taut bands palpated throughout. The injured worker was 5'6 and weighed 186 pounds. The injured worker's cervical spine range of motion was decreased, tendon reflexes were intact, and upper extremity motor testing was intact. The injured worker's sensory examination was decreased along the right posterior lateral arm and lateral forearm. The injured worker's treatment plan included followup and consider facet injection. The injured worker's prior treatments included diagnostic imaging, surgery, and medication management. The provider submitted a request for aqua therapy. A Request for Authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy Qty: 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22, 99. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES.

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

Decision rationale: The California MTUS guidelines recommend aquatic therapy 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. There is a lack of documentation regarding the injured worker's inability to participate in land based exercises, such as decreased weight bearing. In addition, there is a lack of objective clinical findings of orthopedic or neurological deficiencies to support aquatic therapy. Furthermore, the request does not indicate a time frame for the therapy, or a body part for the therapy. It was indicated the injured worker had undergone prior physical therapy; however, the number of sessions and efficacy was not provided to support additional sessions. Therefore, the request for aquatic therapy exercises is not medically necessary and appropriate.