

Case Number:	CM14-0010881		
Date Assigned:	05/05/2014	Date of Injury:	03/04/2013
Decision Date:	07/09/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	01/27/2014

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 Neuromusculoskeletal Medicine and is licensed to practice in Arizona. 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 a 54 year old female with unspecific injury/trauma of the neck, bilateral shoulders, elbows, forearms, wrists and hands, left hip and mid-back that occurred from June of 2008 to 3/4/2013. She has complaint of continuous neck, bilateral elbow pain that is moderate to severe in severity and sharp in character based upon the handwritten PR-2 (physician note) dated 2/12/14. On other documents she has persistent neck pain particularly with prolonged posturing of the head and neck. Objective findings include continued tenderness over the cervical paravertebral musculature and upper trapezius muscle with slight hypertonicity / muscle guarding, increased localized neck pain with Spurling's maneuver and impaired motion in all planes with significant increased pain with extension. She is currently taking Tylenol #3 and Anaprox for her pain management. In dispute is the request for Aquatic therapy 2 times a week for 4 weeks for the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

AQUATIC THERAPY 2 TIMES 4 FOR THE CERVICAL SPINE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE 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 as it can minimize the effects of gravity. It is specifically recommended where reduced weight bearing is desirable as it improves some components of health-related quality of life. Aside from the weight of the cranium and its contents, the cervical spine is non-weight bearing in regard to the larger joints of the body. Bearing that in mind, the use of aquatic therapy is primarily for the weight-bearing joint of the body (knees, hips, lower torso). The request has no merit and is not medically necessary.