

Case Number:	CM14-0017104		
Date Assigned:	06/11/2014	Date of Injury:	01/12/2013
Decision Date:	07/14/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	02/11/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Minnesota. 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 31-year-old male who reported an injury on 01/12/2013. The mechanism of injury was reported to be a dumpster had fallen on him. Per the neurological consultation report dated 11/15/2013 indicated the injured worker continued to report constant headaches, frequent pain in the eyes, frequent neck pain that varied from 4/10 to 7/10 on the pain scale and constant lower back pain that varied from 5/10 to 8/10 on the pain scale. The injured worker described his pain as continuous aching, sharp, shooting and burning accompanied by intermittent numbness and tingling. The range of motion for the cervical spine was flexion of 50 degrees, extension of 30 degrees, lateral flexion of 30 degrees bilaterally, with multiple myofascial trigger points and taut bands noted throughout the cervical paraspinal, trapezius, levator scapula, scalene and infraspinatus muscles. The range of motion of the lumbar spine was flexion of 80 degrees, extension of 50 degrees, lateral flexion of 30 degrees bilaterally, with multiple myofascial trigger points and taunt bands throughout the thoracic and lumbar paraspinal musculature as well as in the gluteal muscles. Waddell and Romberg's signs were negative and sensation, muscle strength and reflexes were all normal bilaterally. Per the progress note dated 11/19/2013, the injured worker was noted to have negative Homans and McMurray signs; however, he had a positive Lachmans. Previous treatments for the injured worker included physical therapy, an MRI and surgery. The diagnoses for the injured worker include status post right knee arthroscopy with medical meniscectomy, right knee partial posterior cruciate ligament tear, mild degenerative arthritis of the right knee, left shoulder AC joint arthritis, resolving left shoulder pain, L5-S1 disc herniation with left leg radiculopathy, posttraumatic daily chronic headaches, chronic myofascial pain syndrome and pain and numbness in bilateral lower extremities. The Request for Authorization for medical treatment for the aquatic therapy was

dated 11/21/2013. The provider's rationale for the request was not provided in the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

AQUATIC THERAPY EXERCISES ON A DAILY BASIS: 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, Physical medicine Page(s): 22, 99-99.

Decision rationale: Per the California MTUS Guidelines, 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 weightbearing is desirable, for example, extreme obesity. Water exercise improves 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 recommendations on the number of supervised visits are referred from physical medicine, which recommends 8 to 10 visits over 4 weeks while allowing for fading of treatment frequency from up to 3 visits a week to 1 or less, plus active self-directed home physical medicine. There is a lack of documentation regarding the injured worker's inability to participate in land-based exercise, such as decreased weightbearing or obesity. There is a lack of objective clinical findings of orthopedic or neurological deficiencies to support aquatic therapy. In addition, the request did not specify a timeframe for the therapy. The injured worker has 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 on a daily basis is non-certified.