

Case Number:	CM14-0019018		
Date Assigned:	04/23/2014	Date of Injury:	07/02/2012
Decision Date:	07/03/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/14/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management, 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:

This patient is a 53-year-old with date of injury of April 27, 2010. Per treating physician's report on January 7, 2014, the patient presents with frequent neck, upper, lower back pain that has been variable ranging from 7/10 to 8/10 without medications. The patient has greater than 50% improvement in his pain with the trigger point injection and his current medications. He still has frequent pain and numbness in his right hand. Current pain has impacted his activities of daily living, has difficulty sleeping at nighttime, and feels depressed and anxious. The patient is not working. Listed assessments are: Mild bilateral L5 radiculopathy, Chronic myofascial pain syndrome, cervicothoracic spine, Mild to moderate right carpal tunnel syndrome, Mild bilateral ulnar nerve entrapment at both elbows, Mild left C6 radiculopathy. Recommendations include "aquatic therapy exercises on a daily basis recommended and requested here and to be performed at a gym or YMCA close to the patient's residence". Report on October 29, 2013 is electrodiagnostic studies at the upper extremity showing mild left C6 radiculopathy, mild to moderate carpal tunnel syndrome, and mild ulnar entrapment of both elbows. Report on November 19, 2013 is also reviewed, who presents with documentation of constant neck, upper, lower back pain, variable, 6/10 to 8/10 without medications. Recommendations include pharmacological treatments of tramadol, cyclobenzaprine and aquatic therapy exercises at a gym.

IMR ISSUES, DECISIONS AND RATIONALES

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

AQUATIC THERAPY, DAILY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines AQUATIC THERAPY Page(s): 22.

MAXIMUS guideline: Decision based on the MTUS Chronic Pain Medical Treatment Guidelines, Aquatic Therapy, page 22, as well as the Non-MTUS Official Disability Guidelines (ODG).

Decision rationale: This patient presents with chronic neck, mid back and low back pain. The request is for "aquatic therapy daily", but the treating physician reports from November 19, 2013 and January 7, 2014 recommends aquatic therapy exercise on a daily basis to be performed at a gym or YMCA. Aquatic therapy on a daily basis provided by trained professional would not be indicated. The Chronic Pain Medical Treatment Guidelines have specific recommendations regarding limited number of treatments to be provided for myalgia and myositis. The Chronic Pain Medical Treatment Guidelines recommends nine to ten sessions for these types of conditions. For the request of aquatic therapy exercise to be performed at a gym, the treating physician does not provide what type of treatment history this patient has had with aquatic therapy and whether or not the patient has been informed and trained on water exercises to benefit from. The Chronic Pain Medical Treatment Guidelines do not support gym memberships unless there is a specific need for equipment and also physician supervision is provided. The Chronic Pain Medical Treatment Guidelines and ODG Guidelines do not differentiate different types of exercises being superior to one another. There is no evidence that this patient must perform aquatic exercises that requires a pool. The patient should equally be able to perform land-based exercises that would benefit this patient. The request for daily aquatic therapy is not medically necessary or appropriate.