

Case Number:	CM14-0114902		
Date Assigned:	08/04/2014	Date of Injury:	12/12/2003
Decision Date:	09/10/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	07/23/2014

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 and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 64-year-old individual was reportedly injured on 12/12/2003. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated 5/16/2014, indicated that there were ongoing complaints of neck, upper and lower back pains. The physical examination demonstrated that the cervical and lumbar spine were slightly restricted in all planes. Multiple myofascial trigger points and tight bands noted throughout the cervical paraspinal, trapezius, scapula, scalene, and infraspinatus muscles and also thoracic and lumbar paraspinal muscles and gluteal muscles. Neck compression test was positive. No performance of heel-toe gait. There was a decreased sensation to light touch in the 1st, 2nd, and 3rd digits of the right hand, back, in the right thigh and calf. Slight decrease in muscle strength in the right upper extremity, -5/5 grip strength, and +4/5 in the right hand. No recent diagnostic studies are available for review. Previous treatment included trigger point injections, previous physical therapy, medications, and conservative treatment. A request had been made for aquatic therapy and was not certified in the pre-authorization process on 7/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 22 OF 127.

Decision rationale: 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 weight bearing is desirable, for example extreme obesity. Regular exercise and higher intensities may be required to preserve most of these gains. After review of the medical records provided, there was no determination of any findings on physical exam that necessitated aquatic therapy versus a land-based physical therapy program. Also, there is no documentation about previous physical therapy visits to include increase in function and decrease in pain. Therefore, this request is deemed not medically necessary.