MAXIMUS Federal Services

Case Number:	CM14-0120863		
Date Assigned:	08/06/2014	Date of Injury:	08/30/2010
Decision Date:	09/11/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	07/31/2014

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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 66 year old male with a work injury dated 8/30/10. The diagnoses include chronic myofascial pain syndrome, cervical and thoracolumbar spine, bilateral L5 radicu1opathy, mild right C6 radicu1opathy, moderate to severe right carpal tunnel syndrome and moderate left carpal tunnel syndrome; chronic sprain injury, right shoulder. The patient is not working Under consideration is a request for aquatic therapy 2x6 for cervical, thoracic, and lumbar spineThere is a physician report dated 3/14/14 that states that the patient has pain and numbness in both hands. His medications give over 80% relief from his neck and low back pain. He has sleeping and depression problems. On exam there are numerous multiple myofascial trigger points and taut bands are noted throughout the cervical paraspinals, trapezius, levator scapulae, scalenes, infraspinatus, thoracic t lumbar paraspinal, and gluteal musculature. There is tightness and spasm at the right trapezius with palpation. The right shoulder range of motion is moderately restricted in all directions. The patient cannot do heel gait with the right leg. The sensation is decreased to light touch in the lateral aspect of the right thigh and calf. The right upper proximal muscles were weak4/5. The right foot dorsiflexion is 4/5 and ankle jerks are absent.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) Aquatic therapy sessions for cervical, thoracic, and lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine and Aquatic therapy Page(s): 98-99, 22.

Decision rationale: Aquatic therapy 2x6 for cervical, thoracic, and lumbar spine is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The documentation is not clear on why the patient has to have aquatic therapy over land based. The request exceeds the 10 recommended visits of therapy for this condition. The documentation is not clear on how much therapy the patient has had in the past. The request for Twelve (12) Aquatic therapy sessions for cervical, thoracic, and lumbar spine is not medically necessary and appropriate.