

Case Number:	CM14-0126229		
Date Assigned:	09/05/2014	Date of Injury:	06/09/2005
Decision Date:	10/02/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/08/2014

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 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:

The injured worker is a 42-year-old female who reported an injury 06/09/2005. The mechanism of injury was not provided within the medical records. The clinical note dated 08/14/2014 indicates a diagnoses of chronic cervical sprain, probably mild to moderate stenosis C6-7, mild disc desiccation C2-3 to C6-7, and right shoulder rotator cuff tendonitis. The injured worker reported her pain level 7/10. The injured worker continued to have increased levels of pain in the cervical spine that increased with activities such as upward and downward gazing of the neck. Physical examination: there was crepitance with motion. The injured worker's motion of the neck caused painful symptoms. There was tenderness in the left paracervical with guarding and evidence of muscle spasms at the cervical spine. The compression of the neck had not changed with symptoms. The injured worker's treatment plan included continue with Motrin and Zanaflex. The injured worker had progressed with regard to the aquatic therapy regimen, which was also recommended by AME. The injured worker's prior treatments included 12 sessions of aquatic therapy and medication management. The injured worker's medication regimen included Motrin and Zanaflex. The provider submitted a request for aquatic physical therapy. Request for Authorization dated 07/22/2014 was submitted for aquatic physical therapy; however, rationale was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Physical Therapy, 2x6 (12): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (<http://odg-twc.com/preface.htm#PhysicalTherapyGuidelines>); Official Disability Guidelines, Neck and Upper Back Chapter

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

Decision rationale: The request for Aquatic Physical Therapy, 2x6 (12) is not medically necessary. The CA MTUS guidelines recommend physical therapy for neuralgia, neuritis, and radiculitis be limited to 8-10 visits over 4 weeks. In addition, there overall goal of physical therapy is to restore functional deficits. Moreover, 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. The injured worker has completed 12 sessions of aquatic physical therapy. The guidelines recommend 8 to 10 visits over 4 weeks. The request for aquatic physical therapy of 12 visits is excessive. In addition, there is lack of documentation including an adequate and complete physical exam demonstrating the injured worker has decreased functional ability, decreased range of motion, or decreased strength or flexibility. Moreover, the completed aquatic therapy should have been adequate to improve functionality and transition the injured worker to a home exercise program where the injured worker may continue with exercises such as strengthening, stretching, and range of motion. Therefore, the request for Aquatic Physical Therapy, 2x6 (12) is not medically necessary.