

Case Number:	CM14-0131943		
Date Assigned:	09/19/2014	Date of Injury:	05/10/2011
Decision Date:	10/23/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	08/18/2014

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 Internal Medicine, has a subspecialty in Pulmonary Diseases 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 53-year-old male who reported a work related injury on 05/10/2011. The mechanism of injury was not provided for review. The injured worker's diagnoses includes status post fracture of C1, status post multiple fragmentation/fractures of body of C5, with acute cervical spine injury, chronic myofascial pain syndrome of the cervical and thoracic spine, and insomnia due to pain. The injured worker's past treatment has included a urine drug screen and medication. The injured worker's diagnostic test and surgical history was not provided for review. Upon examination on 07/21/2014 the injured worker complained of constant neck and upper back pain that varied from 5/10 to 8/10 on a VAS pain scale without medications. He stated that he had also been experiencing frequent pain and numbness in his upper extremities. He felt his current condition was moderately impacting his general activity, ability to work as he did previously and his quality of sleep, as well as his enjoyment of life to include his ability to concentrate and interact with other people. He was noted to remain depressed and rated his depression a 5/10 to 6/10 with 10 being the most severe. Upon physical examination, it was noted that the range of motion of the cervical spine was slightly to moderately restricted in all planes while the ranges of motion of the thoracic spine upon flexion and extension were slightly restricted upon both maneuvers. There were multiple myofascial trigger points taut bands noted throughout the cervical paraspinal, trapezius, scapular levator, scalene, and infraspinatus musculature as well as the interscapular and thoracic paraspinal musculature. The proximal muscles of the bilateral upper extremities were noted to be weak at 4/5. Sensation was decreased to fine touch and pinprick in the right 5th digit. The injured worker's prescribed medications include mirtazapine, hydrocodone, and naproxen. The treatment plan consisted of the following medications; mirtazapine, hydrocodone, and naproxen as well as home muscle stretching exercises, aquatic therapy exercise 2 times a week for 6 weeks, deep breathing type meditation as

a relaxation technique, and a follow-up visit in 8 weeks. The rationale for the request and the Request for Authorization Form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Sessions of Aquatic Therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Back (Acute and Chronic) Physical Therapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, Aquatic therapy

Decision rationale: The request for 12 sessions of aquatic therapy is not medically necessary. Official Disability Guidelines state that memberships to gym or swimming pools are not recommended unless documentation shows that a formal home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. The guidelines also specify that, while exercise is encouraged, treatment needs to be monitored and administered by medical professionals as unsupervised programs may lead to risk of further injury. The documentation submitted for review does state that the injured worker was to begin a home muscle stretching exercise as a part of the treatment plan. However, the documentation submitted for review does not suggest that the injured worker has failed a structured home exercise program with periodic reassessment and revision, or that he has a specific medical need for equipment. Additionally, the request was not supported as the guidelines specifically state that gym and pool memberships are not considered medical treatment as treatment needs to be monitored and administered by medical professionals, as unsupervised programs may lead to risk or further injury. As such, the request for 12 sessions of aquatic therapy is not medically necessary.