

Case Number:	CM14-0175672		
Date Assigned:	10/28/2014	Date of Injury:	05/15/2001
Decision Date:	12/05/2014	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	10/23/2014

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 Occupational Medicine 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:

According to the records made available for review, this is a 46-year-old male with a 5/15/01 date of injury. At the time (10/13/14) of request for authorization for Supervised aqua therapy x8, there is documentation of subjective (neck and bilateral upper extremity pain along with numbness and weakness) and objective (decreased sensation to light touch on the right side at the level of C5-C7, decreased sensation to pinprick on the right side at C5-8, decreased motor strength of bilateral deltoids muscles, paraspinal spasm, suprascapular spasm with myofascial tightness and tenderness, and restricted range of motion of the cervical spine) findings, current diagnoses (cervical spondylosis/spinal stenosis, bilateral shoulder impingement syndrome, right lateral epicondylitis, left pronator syndrome, and neuropathic pain), and treatment to date (acupuncture, 6 sessions of aquatic therapy, and medications). There is no documentation that reduced weight bearing is desirable (extreme obesity, need for reduced weight bearing, or recommendation for reduced weight bearing), and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of previous aquatic therapy treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Supervised Aqua Therapy x8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy, and Exercise.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine; Aquatic Therapy Page(s): 98; 22. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that aquatic therapy is recommended where reduced weight bearing is desirable (such as extreme obesity, need for reduced weight bearing, or recommendation for reduced weight bearing). MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of cervical spondylosis/spinal stenosis, bilateral shoulder impingement syndrome, right lateral epicondylitis, left pronator syndrome, and neuropathic pain. However, the requested 8 additional aquatic therapy treatments, in addition to the treatments already completed, would exceed guidelines. In addition, there is no documentation of reduced weight bearing is desirable (extreme obesity, need for reduced weight bearing, or recommendation for reduced weight bearing). Furthermore, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of previous aquatic therapy treatments. Therefore, based on guidelines and a review of the evidence, the request for supervised aqua therapy x8 is not medically necessary.