

Case Number:	CM14-0180001		
Date Assigned:	11/04/2014	Date of Injury:	11/18/2002
Decision Date:	12/11/2014	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	10/29/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 52 year old woman who sustained a work-related injury on November 18, 2002. Subsequently, the patient developed with the neck and back pain. According to a progress report dated on October 2, 2014, the patient was complaining of lumbar, bilateral shoulder, elbow and wrist pain as well as cervical pain. The patient was also complaining of numbness and tingling in the left leg and frequent headaches the patient physical examination demonstrated cervical tenderness and spasm with reduced range of motion, decreased upper extremity strength, and decreased sensation over the bilateral C6 dermatome. The patient has a positive straight leg raise bilaterally. Axial lumbar spine demonstrated loss of disc height. The x-ray of cervical spine demonstrated internal fixation device for spine. MRI of her lumbar spine performed on June 14, 2014 demonstrated degenerative disc disease. The patient was diagnosed with the cervical radiculopathy, cervical fusion, lumbar radiculopathy and bilateral shoulder impingement. The provider requested authorization for aquatic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy, QTY: 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 98.

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

Decision rationale: According to MTUS guidelines, 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. For recommendations on the number of supervised visits, see Physical medicine. Water exercise improved some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities may be required to preserve most of these gains. (Tomas-Carus, 2007) There is no clear evidence that the patient is obese or having difficulty performing land based physical therapy or the need for the reduction of weight bearing to improve the patient ability to perform particular exercise regimen. There is no clear objective documentation for the need of aquatic therapy. Therefore the prescription of 12 aquatic therapies is not medically necessary.