

Case Number:	CM14-0182461		
Date Assigned:	11/07/2014	Date of Injury:	06/09/2009
Decision Date:	12/18/2014	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	11/03/2014

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:

The patient is a 42-year-old female who has submitted a claim for chronic cervicogenic headaches, right shoulder sprain with internal derangement, lumbar radiculopathy, chronic myofascial pain syndrome of the cervical spine (neck) and thoracolumbar spine (mid-lower back) associated with an industrial injury date of 6/9/2009. Medical records from 7/22/2014 up to 9/29/2014 were reviewed showing neck, upper and lower back pain which is well controlled by her medications. The pain was rated at 8/10 without medications and 1/10 with medications. She complained of constant pain in her right shoulder with increasing weakness/heaviness of her right arm and numbness of her right hand. Her pain impacted her ability to concentrate and interact with other people. She had trouble sleeping. She remained depressed. Physical examination revealed limited range of motion of thoracic and lumbar spines. There were multiple myofascial trigger points and tight bands throughout the cervical paraspinal, trapezius, scapulae, scalene, and gluteal musculature. She could not perform heel-toe gait well. Sensation to fine touch and pinprick were decreased over the lateral aspect of the right calf and right foot. Treatment to date has included Oxycontin, Norco, Tramadol, and mirtazapine. The utilization review from 10/15/2014 denied the request for aquatic therapy 2 times a week for 3 weeks for a total of 6 visits, submitted diagnoses chronic cervicogenic headaches, right shoulder sprain with internal derangement, lumbar radiculopathy, chronic myofascial pain syndrome of the cervical spine (neck) and thoracolumbar spine (mid-lower back), as an outpatient. The patient's injury was in June 2009. At this time, the patient should be well versed in home-based exercise/range of motion/strengthening exercises.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy 2 times a week for 3 weeks for a total of 6 visits: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints.

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

Decision rationale: As stated on page 22 of the California MTUS Chronic Pain Medical Treatment 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. As stated on page 99 of California MTUS Chronic Pain Medical Treatment Guidelines, physical medicine guidelines allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus an active self-directed home program. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. In this case, the patient's injury was in 6/9/2009. At this time, the patient should already be well versed in continuing her physical exercises at home. In addition, the patient's body mass index was not made available to assess the appropriateness of aquatic therapy. Therefore the request for aquatic therapy 2 times a week for 3 weeks for a total of 6 visits is not medically necessary.