

Case Number:	CM14-0022465		
Date Assigned:	06/11/2014	Date of Injury:	09/01/2010
Decision Date:	07/28/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	02/24/2014

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 and Rehabilitation and is licensed to practice in Illinois. 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 47-year-old female who reported an injury on 09/01/2010, hurting her neck, right shoulder, low back, left foot and bilateral knees while working as a housekeeper and nanny. On 08/15/2013 the injured worker complained of pain in her neck, right shoulder, low back with radiation and bilateral knee pain. There was no VAS scale measurements noted for the injured worker. The physical examination revealed the lumbar spine had tenderness in the occipital insertion of the paracervical musculature. The lumbar spine examination also had bilateral tenderness along the paraspinous muscle and the lower lumbar midline. The range of motion had tightness with flexion along the paraspinous muscle and the forward flexion. The bend rotation, to the right and left, was 20 degrees and extension was 10 degrees. It was noted that the sciatic stretch signs produce back pain at 70 to 80 degrees in the seated and supine position. The full hip flexion produced some low back pain and stress of the sacroiliac joints. The diagnoses included cervical spine/strain with discopathy, status postoperative right shoulder arthroscopy including distal clavicle resection with residuals, lumbar spine degenerative disc disease, bilateral knee tendinitis and depressive disorder with anxiety. The injured worker's medications included Tramadol, Naproxen and Omeprazole. It was noted the injured worker should continue with her home exercise regimen. The treatment plan included for a decision for aqua therapy 2 times a week for 4 weeks for the lumbar spine. The request for authorization was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua therapy (2 times a week for 4 weeks) for the lumbar spine: Upheld

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

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

Decision rationale: The request for aqua therapy 2 times a week for 4 weeks for the lumbar spine is non-certified. The Chronic Pain Medical Treatment Guidelines recommends aqua therapy 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. 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 maybe required to preserve most of these gains. The diagnoses included cervical spine/strain with discopathy, status postoperative right shoulder arthroscopy including distal clavicle resection with residuals, lumbar spine degenerative disc disease, bilateral knee tendinitis and depressive disorder with anxiety. On the documentation provided on 08/15/2013 there was no indication the injured worker had extreme obesity or fibromyalgia. There was lack of evidence to measure the outcome of physical therapy, home exercise regimen and medication pain management. The request for aqua therapy for the lumbar spine is not medically necessary.