

Case Number:	CM14-0022814		
Date Assigned:	06/11/2014	Date of Injury:	06/26/2009
Decision Date:	07/15/2014	UR Denial Date:	02/14/2014
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 Minnesota. 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 44 year old female who reported an injury on 06/26/2009. The mechanism of injury is unknown. The injured worker complained of neck pain that radiated into her upper back and intermittent pain in her low back. No measurable pain noted. On physical examination the injured worker had 2-3+ cervical paraspinal muscle spasms and tenderness to palpation of these muscles. The injured worker's deep tendon reflexes revealed that her biceps, triceps and brachioradialis were 2+ on the right and the left side. The injured worker's motor response showed that her deltoids, biceps, brachialis, wrist extension, triceps, wrist flexion and hand abductors were all 5/5 on the right and the left side. The injured worker has a diagnoses of cervicalgia, low back syndrome, spasm of muscle, kyphosis, sprain of neck, sprain of lumbar region and herniated nucleus pulposus. The injured worker had been treated with medications, to include Hydrocodone, Hydromorphone and Norhydrocodone. The dosage and duration were not included in report. The injured worker did complete a urine analysis to test for medications in her system to monitor compliance with pharmacological regimen as well as identify any possible drug interactions related to multiple prescribed medications. The treatment plan was for aquatic therapy sessions, qty: 6 for the cervical and lumbar spine. The rationale 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:

AQUATIC THERAPY SESSIONS, QTY: 6 FOR THE CERVICAL AND LUMBAR SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy, Physical Medicine Page(s): 22, 98-99.

Decision rationale: The request for aquatic therapy sessions, qty: 6 for the cervical and lumbar spine is non-certified. The injured worker complained of neck pain that radiated into her upper back and intermittent pain in her low back. No measurable pain noted. The California Medical Treatment The request for aquatic therapy sessions, qty: 6 for the cervical and lumbar spine is non-certified. The injured worker complained of neck pain that radiated into her upper back and intermittent pain in her low back. No measurable pain noted. The California Medical Treatment Utilization Schedule (MTUS) guidelines recommend aquatic 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. The MTUS guidelines also state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion and can alleviate discomfort. There was lack of documentation in the submitted records as to why the injured worker needs aquatic therapy. There were no functional impairments currently noted on the injured worker's physical examination. There also was not a reason as for why the injured worker would not benefit from a land-based home exercise program. Given the above, the request for aquatic therapy sessions, qty: 6 for the cervical and lumbar spine is not medically necessary.