

Case Number:	CM14-0026414		
Date Assigned:	06/20/2014	Date of Injury:	05/03/2011
Decision Date:	07/22/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	03/03/2014

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 Emergency Medicine and is licensed to practice in New York. 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 44-year-old male who was injured on May 3, 2011. The patient continued to experience pain in his neck, upper back, and lower back with weakness and numbness to his bilateral lower extremities. Physical examination was notable for decreased range of motion of the cervical, thoracic, and lumbar spine, multiple trigger points, decreased dorsiflexion of the left foot, and decreased sensation to fine touch and pinprick to the posterior and lateral aspect of the left thigh and calf. Diagnoses included chronic myofascial pain syndrome, left L4/5 and S1 radiculopathy, and cervical radiculopathy. Treatment included medications, home exercise program, Synvisc injection of the knee, trigger point injections, and aquatic therapy exercises at a gym or [REDACTED]. Request for medical necessity for aquatic therapy was submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

AQUATIC THERAPY: 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 Page(s): 56.

Decision rationale: Aquatherapy 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. 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. The recommended number of visits follows those recommended for land-based physical therapy. Patients should be formally assessed after a six-visit clinical trial to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the therapy). In this case there is no documentation that the aquatic therapy is being provided by a licensed therapist. There is no documentation of the number of the visits, the type of exercises performed, or objective evidence of functional improvement. The request is not medically necessary or appropriate.