

Case Number:	CM14-0030476		
Date Assigned:	06/20/2014	Date of Injury:	10/05/2011
Decision Date:	07/17/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/10/2014

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 Texas, Ohio. 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 58-year-old female who reported an injury on 10/05/2011. The mechanism of injury was not provided for review. The diagnoses included chronic headache, chronic myofascial pain syndrome, mild left L4-5 radiculopathy, status post surgery for left carpal tunnel syndrome, mild to moderate left ulnar nerve entrapment at the left elbow with left medial epicondylitis. Previous treatments include trigger point injections and medication regimen. The clinical note dated 12/17/2013 reported the injured worker complained of frequent neck, upper and lower back pain. She complained of pain in her left elbow, which has been improving after a steroid injection. The injured worker reported pain and discomfort moderately impacting her general activities to include her ability to work, ability to concentrate and interact with other people. Upon physical exam, the provider noted the range of motion of the cervical and lumbar spine was slightly restricted in all ranges. The provider indicated there were multiple myofascial trigger points and taut bands noted throughout the cervical paraspinal, trapezius, levator scapula, scalene, infraspinatus and interscapular, thoracic and lumbar paraspinal musculature. He indicated the injured worker's grip strength was diminished in the left hand at 4/5. There was palpation tenderness noted on the epicondyle on the left. The provider request is for aquatic therapy. However, a rationale was not provided for review. The request for authorization was submitted and dated on 01/31/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy 2 x week for 6 weeks for the neck: 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, Physical Medicine Page(s): 22, 99.

Decision rationale: The request for Aquatic Therapy 2 x week for 6 weeks for the neck is non-certified. The injured worker complained of frequent neck, upper and low back pain. She complained of pain in her left elbow, which had been improving with steroid injections. The California 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. 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 Guidelines note for myalgia and neuralgia 8 to 10 visits over 4 weeks. There is lack of clinical documentation of any significant objective findings indicating the injured worker is unable to perform land based therapy. There is a lack of documentation indicating the injured worker to require reduced weight bearing or be diagnosed with extreme obesity. The request for 12 sessions exceeds the Guideline recommendations of 8 to 10 visits. Therefore, the request for Aquatic Therapy 2 x week for 6 weeks for the neck is non-certified.