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| Case Number: | CM14-0035846 | | |
| Date Assigned: | 06/23/2014 | Date of Injury: | 12/05/2008 |
| Decision Date: | 07/22/2014 | UR Denial Date: | 03/04/2014 |
| Priority: | Standard | Application Received: | 03/24/2014 |

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, has a subspecialty in Interventional Spine 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 62 year old male with an injury date of 12/05/08. Based on the 12/17/13 progress report provided by [REDACTED] the patient complains of frequent low back pain which he rates as a 4-5/10, intermittent numbness in the right leg, painful movements of his right shoulder, and frequent pain/numbness in his right arm and right hand. Sensation to fine touch and pinprick was decreased in the right thumb and the lateral aspect of the right arm. Both the Arm Drop Test (for rotator cuff tear) and the shoulder impingement test were positive on the right side. The patient's diagnoses include sprain injury, right shoulder, chronic myofascial pain syndrome, thoracolumbar spine and pain and numbness in right arm due to brachial plexus injury versus cervical radiculopathy. The 01/10/14 MRI of the right shoulder revealed mild impingement syndrome and tendinosis of the rotator cuff. The 03/18/14 MRI of the lumbar spine revealed L4-L5 disc level shows dehiscence of the nucleus pulposus with a 2 mm posterior disc protrusion indenting the anterior portion of the lumbosacral sac. Mild bony hypertrophy of the articular facets is present. Mild stenosis is noted in the anteroposterior diameter of the spinal canal and L5-S1 disc level shows dehiscence of the nucleus pulposus with a 3 mm posterior disc protrusion indenting the anterior portion of the lumbosacral sac. Tear of the annulus of the posterior nucleus pulposus. Moderate to severe left and moderate right lateral recess stenosis is present. [REDACTED] [REDACTED] is requesting for aquatic therapy, two sessions per week for six weeks. The utilization review determination being challenged is dated 03/04/14. [REDACTED] is the requesting provider, and he provided treatment reports from 09/09/13- 05/02/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy, two sessions per week for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine.

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

Decision rationale: According to the 12/17/13 report by [REDACTED], the patient presents with frequent low back pain which he rates as a 4-5/10, intermittent numbness in the right leg, painful movements of his right shoulder, and frequent pain/numbness in his right arm and right hand. The request is for aquatic therapy, two sessions per week for six weeks. California MTUS page 22 states that 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." In this case, there is no documentation of extreme obesity or a need for reduced weight-bearing. There is no indication of why the patient is unable to tolerate land-based therapy. Furthermore, the requested 12 sessions exceeds what is recommended by California MTUS for myalgia/myositis, neuralgia/neuritis type of condition. Therefore the request is not medically necessary.