

Case Number:	CM14-0043224		
Date Assigned:	07/02/2014	Date of Injury:	05/04/2006
Decision Date:	08/20/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	04/10/2014

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 American Board of Family Practice 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:

60-years old male claimant sustained a work injury on 5/4/06 involving the head, neck, back and shoulders. He was diagnosed with traumatic head injury, right shoulder sprain and chronic myofascial pain of the neck and thoracolumbar spine. A progress note on 2/17/14 indicated the claimant had 7/10 pain, which improved with trigger point injections. Exam findings were notable for multiple myofascial trigger points of the neck and low back. The right shoulder had reduced range of motion. The treating physician provided oral analgesics and recommended 12 sessions of aqua therapy along with stretching exercises.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy 2x wk for 6 weeks right shoulder, cervical & thoracolumbar spine:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines.

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

Decision rationale: According to the MTUS guidelines, 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. The amount of treatments allow for fading frequency. For myalgia type symptoms 10 visits are recommended over 8 weeks. In this case, there is no indication that the claimant cannot perform land-based therapy. The amount of aqua sessions recommended exceeds the amount suggested by the guidelines. Therefore the request for 12 sessions of aqua therapy is not medically necessary.