

Case Number:	CM14-0043517		
Date Assigned:	07/02/2014	Date of Injury:	10/01/2009
Decision Date:	10/01/2014	UR Denial Date:	03/31/2014
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 Family Medicine, 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 49-year-old male who has submitted a claim for chronic myofascial pain syndrome, cervical and thoracolumbar spine; bilateral ulnar nerve entrapment at both elbows (mild-to-moderate), status post bilateral carpal tunnel release, right in 2002 and left in 2006; status post surgery to left lateral elbow in 2006; and chronic sprain injuries of bilateral shoulders, elbow, and wrists associated with an industrial injury date of October 1, 2009. Medical records from 2013-2014 were reviewed. The patient complained of neck, upper and lower back pain, rated 7/10 in severity. There was pain and numbness in both of his arms and elbows as well. There was depression, rated 7/10 by the patient. Physical examination showed restricted range of motion of the cervical, thoracic and lumbar spine. Multiple myofascial trigger points and taut bands were noted on the cervical paraspinal, trapezius, levator scapular, scalene, infraspinatus, thoracic, and lumbar paraspinal muscles as well as the gluteal muscles. Spurling's and neck compression tests were positive. Positive impingement test was noted on both shoulders. There was tenderness over the medial and lateral epicondyles bilaterally. Romberg test was positive. Sensation was decreased in the 2nd and 3rd digits of both hands. Grip strength was decreased in both hands at 4/5. Treatment to date has included medications, physical therapy, home exercise program, activity modification, left elbow surgery, bilateral carpal tunnel release, trigger point injections, and epidural steroid injections. Utilization review, dated March 31, 2014, denied the request for aquatic therapy 2x6 weeks cervical spine/bilateral elbows/shoulder because there was no evidence indicating that patient has issues with weight bearing or was extremely overweight, and there was no evidence to show that land-based therapy was not suitable.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy 2x6 weeks on the Cervical Spine/Bilateral Elbows/Shoulders: 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 Page(s): 22.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines states aquatic therapy is recommended as an alternative to land-based physical therapy where reduced weight bearing is desirable such as extreme obesity. In this case, it was not known if the patient underwent previous land-based therapy sessions for the cervical spine, elbows, and shoulders. There was no indication why the patient could not participate in a land-based physical therapy program. Moreover, there is no documentation regarding body mass index that may warrant water-based therapy. There is also no documentation stating the need for reduced weight bearing. The medical necessity has not been established. As such, the request is not medically necessary.