

Case Number:	CM14-0043789		
Date Assigned:	07/02/2014	Date of Injury:	01/30/2010
Decision Date:	08/21/2014	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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 61-year-old female who reported an injury after she tripped and fell on 01/30/2010. The clinical note dated 03/25/2014 indicates diagnoses of injury to right temporomandibular joint, history of facial fractures right maxillary and orbital floor, post-traumatic right sided facial pain, neuralgia and headaches, post-traumatic tinnitus bilaterally, right C5-6 radiculopathy, chronic myofascial pain syndrome cervical and thoracic spine and post-traumatic dizziness. The injured worker described her pain as aching, throbbing, sharp, with numbness and tingling sensation, intermittent, up to 75% of the time aggravated by when she opened her mouth, cold weather, walking fast and relieved somewhat with medication. The injured worker reported her pain was worse at nighttime. The injured worker reported her pain at 7/10, 7 being the worst. She reported the pain and discomfort had severely impacted her sleep pattern and caused her to wake as many as 6 times at night due to pain and had also moderately impacted her general activity, ability to concentrate and interact with other people. The injured worker reported having painful movements of her right temporomandibular joint, such that she cannot chew solid food, headaches that occur almost every day with a shooting pain in her right eye and right side of the face, and the injured worker reported her right eye teared a lot. The injured worker reported frequent episodes of dizziness and imbalance and she reported frequent noises in both ears. The injured worker reported she received greater than 80% pain relief from her current medications in terms of constant neck pain that radiated from the neck into her right arm with pain and numbness in her right arm. The injured worker reported difficulty sleeping, as well as feeling depressed. She rated her depression as 7/10. The injured worker reported she felt her pain and discomfort had moderately impacted her general activity and enjoyment of life to include her ability to concentrate and interact with other people. On physical examination the right maxillary area of her face there was tender to palpation. The range of motion of the

cervical spine was slightly to moderately restricted in all planes. There were multiple myofascial trigger points and taut bands throughout the cervical paraspinal musculature, trapezius, levator scapulae, scalene and infraspinatus muscles. The range of motion of the thoracic spine was slightly restricted in all planes with multiple myofascial trigger points and taut bands noted throughout the interscapular area. Right TMJ was tender to palpation and the injured worker could not fully open her mouth. The injured worker's Romberg was positive. She could not perform tandem gait with her eyes closed. Her right maxillary area was hypersensitive to fine touch and pinprick. The injured worker's prior treatment included diagnostic imaging. Medication management, the injured worker's medication regimen included fluoxetine, tramadol, omeprazole, mirtazapine. The provider submitted a request for 12 aquatic therapy sessions to the cervical spine. A Request for Authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Aquatic Therapy Sessions to the Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Guidelines page 46-47. Decision based on Non-MTUS Citation ODG web version: Gym Membership.

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

Decision rationale: The request for 12 Aquatic Therapy Sessions to the Cervical Spine is non-certified. 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. For recommendations on the number of supervised visits, see Physical medicine. 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. There is lack of documentation regarding the injured worker's inability to participate in land based exercises such as decreased weight bearing or obesity. In addition, the request did not specify a time frame for the therapy. Moreover, it was not indicated the injured worker had prior therapy and if so the number of sessions and efficacy were not provided to support additional sessions. Therefore, the request for 12 aquatic therapy sessions to the cervical spine is not medically necessary.