

Case Number:	CM14-0044950		
Date Assigned:	07/02/2014	Date of Injury:	01/15/2013
Decision Date:	08/06/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	04/12/2014

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 Pain Management 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 57-year-old with an injury date of January 15, 2013. Based on the March 10, 2014 progress report provided by [REDACTED] the patient complains of frequent pain and numbness in her right hand and elbow as well as worsening headaches. The 02/08/14 report states that the patient also has pain in her upper neck and lower back. The ranges of motion of the cervical and lumbar spine are slightly restricted and there are multiple myofascial trigger points throughout the thoracic and lumbar paraspinal musculature. The patient's diagnoses include posttraumatic daily headaches and cervicogenic daily headaches, uncontrolled, and cognitive dysfunction, chronic myofascial pain syndrome, thoracolumbar spine, mild-to-moderate right carpal tunnel syndrome and mild right ulnar nerve entrapment at the right elbow, mild right S1 radiculopathy, and essential tremors of head and extremities, non-industrial. [REDACTED] is requesting for aquatic therapy twice weekly for six weeks for the cervical spine. The utilization review determination being challenged is dated April 8, 2014. [REDACTED] is the requesting provider, and he provided treatment reports from October 22, 2013 to March 10, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy for the cervical spine, twice weekly for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Aquatic therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS aquatic therapy; Physical Medicine Page(s): 22, 98-99.

Decision rationale: According to the March 10, 2014 report by [REDACTED], the patient presents with frequent pain and numbness in her right hand and elbow as well as worsening headaches. The request is for aquatic therapy 2 x per week for 6 weeks for the cervical spine. The Chronic Pain Medical Treatment Guidelines 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 twelve sessions exceeds what is recommended by the Chronic Pain Medical Treatment Guidelines for myalgia/myositis, neuralgia/neuritis type of condition. The request for therapy for the cervical spine, twice weekly for six weeks, is not medically necessary or appropriate.