MAXIMUS Federal Services

Case Number:	CM14-0045417		
Date Assigned:	06/27/2014	Date of Injury:	03/14/2007
Decision Date:	07/28/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/01/2014

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 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:

This is a 54 years old female patient who reportedly injured her neck and back on 03/14/2007 due to repetitive keyboarding. Diagnoses include mild carpal tunnel syndrome, cervical degenerative disc disease status post-surgery, chronic neck pain, chronic neuropathic pain of bilateral upper extremities, facet syndrome at C5-C6 bilaterally, chronic bilateral trigger points of levator scapulae and bilateral trapezii and rhomboids, and myofascial pain syndrome. A request for 8 sessions of aquatic therapy between 3/18/2014 and 5/2/2014 was non-certified a utilization review on 03/21/14. As there was a lack of documentation regarding the patient's functional response following completion of the previously authorized visits to validate subsequent sessions of physical therapy. Additionally, the requested number of visits in addition to the completed sessions already exceeds guideline recommendations. There was no indication that reduced weight-bearing was desirable. Progress report dated 03/05/14 revealed the patient presenting with subjective complaints of neck pain rated at 8/10 with radiation to the bilateral upper extremities and associated numbness and tingling. She also complained of intermittent low back pain rated at 3/10. She reported complaints of anxiety, stress and insomnia. Current medications include topical creams that have been discontinued, Soma #60 and Savella 12.5 mg that were not certified. She reported side effects of drowsiness with the medication. Physical therapy course has provided her with mild relief but her session has run out. She is seeing a psychologist on an as-needed basis. Physical examination findings revealed severe dysesthesia and positive hyperesthesia. She has decreased range of motion to the cervical spine by 70% and a positive Spurling's test bilaterally. Axial compression test was positive and there is decreased motor strength to the triceps and wrist extensors at 4/5. Deep tendon reflexes were 2+ and equal except for C5 bilaterally at 1+. Sensation was decreased at the C6 and C7, left greater than right. There were multiple trigger points at the trapezius, levator scapula, and cervical paraspinal,

interscapular muscles and rhomboids bilaterally. Tinel's sign and Phalen's sign were positive at the left wrist. Range of motion was reduced to the bilateral shoulder and wrist at 50% due to pain. Treatment plan was to continue medication use including Savella and Soma, continue her home exercise program, continue use of the TENS (Transcutaneous Electric Nerve Stimulation) unit, participating in aquatic therapy 2 times per week for 4 weeks, 5 sessions of occupational therapy, myofascial release and stretching. There is a urine drug screen report dated 10/16/13 revealing an inconsistent urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Sessions of Aquatic therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physical Medicine Guidelines.

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

Decision rationale: Regarding aquatic therapy, the CA MTUS Chronic Pain Medical Treatment Guidelines note 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 indication of non-weight bearing status or physical examination findings that suggest aquatic therapy would be required as opposed to land-based therapy. The patient has a chronic injury from 2007, and has previously completed physical therapy. There is no description of significant functional benefit as a result of prior treatment. Thus, the requested 8 sessions of aquatic therapy (frequency not identified), is not medically necessary and appropriate.