

Case Number:	CM14-0045505		
Date Assigned:	04/16/2014	Date of Injury:	11/01/2007
Decision Date:	05/20/2014	UR Denial Date:	03/06/2014
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 and is licensed to practice in Illinois. 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 63-year-old male with date of injury 11/01/2007 and the mechanism of injury was not provided. In progress report dated 02/05/2014, the injured worker's chief complaints were persistent pain of the neck that was aggravated by repetitive motions of the neck, prolonged positioning of the neck, pushing, pulling, lifting, forward reaching, and working at or above the shoulder level. Low back pain reportedly was aggravated by bending, lifting, twisting, pushing, pulling, sitting, standing, and walking multiple blocks. Physical examination of the cervical spine, the treating physician indicated that the examination of the cervical spine had remained unchanged. There was noted tenderness at the cervical paravertebral muscles and upper trapezial muscles with spasm. Axial loading compression test and Spurling's maneuver were positive and there was painful and restricted range of motion. Examination of the lumbar spine revealed tenderness from the mid to distal lumbar segments. There was pain with terminal motion, seated nerve root test was positive, and there was dysesthesia at the L4 and L5 dermatoms. Diagnoses were persistent radiculopathy of right upper extremity, lumbar discopathy with radiculitis, status post lumbar laminectomy and decompression at L5-S1 in 1976, tendinopathy of supraspinatus and infraspinatus tendons and tendinopathy of supraspinatus tendon left shoulder. The diagnostic studies the injured worker has undergone were an unofficial lumbar MRI 01/20/2011 which revealed post-op changes following the laminectomy at L5-S1, at L4-5 small central and left paracentral disc protrusion. An unofficial cervical spine MRI, 11/29/2007, was limited due to motion artifact demonstrating the presence of mild degenerative changes of the cervical spine. An unofficial nerve conduction study on 01/29/2008 revealed no indicators of carpal tunnel syndrome and ulnar neuropathy. There was also no electroneurographic evidence of entrapment neuropathy seen in the lower extremities. A Request for Authorization was received on 03/05/2014 requesting aquatic therapy for symptomatic relief 2 times a week for 4 weeks.

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 AND LUMBAR SPINE - 8 VISITS (2 X WEEK X 4 WEEKS): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy.

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

Decision rationale: The California MTUS guidelines note 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 guidelines recommend 8-10 sessions over 4 weeks. The request for aquatic therapy for the cervical and lumbar spine, 8 visits, 2 times a week for 4 weeks is not medically necessary and appropriate. The documentation submitted for review failed to provide evidence of any new findings and the documented physical exam indicated that there were no changes as well as there was not any documented response from past conservative treatment, which would not be supported by the CA MTUS guidelines. There was also a lack of supporting rationale for why the patient need decreased weight bearing therapy as opposed to land based therapy. Therefore, the request is not medically necessary and appropriate.