

Case Number:	CM14-0046942		
Date Assigned:	06/20/2014	Date of Injury:	03/18/1997
Decision Date:	07/25/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/13/2014

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 61-year-old female who sustained a remote industrial injury on 03/18/97 diagnosed with cervical spondylosis with myelopathy, causalgia of the upper limb, incomplete C1-C4 quadriplegia and quadriparesis, disorders of bursae and tendons in the shoulder region, neurogenic bladder and bowel, lumbago, closed fracture of the distal end of the radius, chronic pain syndrome, spinal stenosis of the cervical region, paralytic syndrome, pain in joint involving the lower leg and shoulder region, reflex sympathetic dystrophy of the lower limb, spinal stenosis of the lumbar region, degeneration of lumbar or lumbosacral intervertebral disc, headache, constipation, insomnia, organic disorder of excessive somnolence, spasm of muscle, and depressive disorder. Mechanism of injury is not provided. The request for Aqua Therapy 10 visits Cervical, Right Shoulder, Right Wrist and Lumbar Spine was modified at utilization review to certify 6 sessions of aquatic therapy after a discussion with the provider that highlighted the patient has not participated in any formal physical medicine since 2011 and has weight-bearing issues involving lower extremity weakness that requires the use of the walker. The most recent progress note provided is 02/10/14. Patient complains that her pain is bad and the depression is devastating but the medications are improving her symptoms. Patient reports constant neck pain rated as a 6-8/10 with medication and global pain with the right arm being the worst. It is noted that the patient's right leg is better lately but she does experience a loss of sensation. Physical exam findings reveal limited range of motion of the cervical spine; tenderness to palpation of bilateral trapezius and upper quadrant muscle groups; bilateral shoulders elevation is 100 degrees; bilateral shoulder and hand grip strength is diminished on the right to 5-/5 and on the left to 4+/5; and lower extremity strength is reduced on the right to 5-/5 and on the left to 4/5. Current medications include: Celebrex, Provigil, Ambien, Senna, Requip, Zanaflex, Maxalt, Percocet, Pristiq, Opana, Latuda, Gabapentin, and Deplin. Provided

documents include several previous progress reports and two procedure reports. The patient's previous treatments include medications, psychotherapy, physical therapy, myofascial therapy, and catheterization. The outcome of these treatments is not adequately provided and the patient's complete treatment history is not provided. Imaging reports are also not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ten (10) Aqua Therapy visits for Cervical, Right Shoulder, Right Wrist and Lumbar Spine: 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 22 Page(s): 22.

Decision rationale: According to MTUS guidelines, aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. In this case, the patient has undergone an unspecified number of land-based physical therapy sessions without quantifying functional improvement as a result of those physical therapy visits. Although the provider highlights the patient has not undergone formal physical therapy since 2011 and the patient has weight-bearing issues involving lower extremity weakness, the current request for 10 visits is excessive. It is customary to certify a trial of 6 visits in order to determine the efficacy of this form of treatment. With documentation of functional improvement, more sessions can be certified. Thus, the request for Aqua Therapy 10 visits Cervical, Right Shoulder, Right Wrist and Lumbar Spine is not medically necessary and is not medically necessary and appropriate.