

Case Number:	CM14-0054098		
Date Assigned:	07/07/2014	Date of Injury:	08/27/2008
Decision Date:	09/22/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	04/23/2014

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 Interventional Spine 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:

According to progress report 03/31/2014, the patient presents with neck pain radiating from the neck down to the left arm. The patient states since last visit, she developed pulmonary emboli and was admitted to ██████ Hospital. The patient rates her pain a 7/10 on a pain scale. The patient states she had massage therapy and pool therapy last month which helped with her pain. Examination of the cervical spine revealed straightening of the spine with loss of normal cervical lordosis and surgical scar from previous surgery. Range of motion is restricted by pain. There is tenderness and tight muscle bands noted on both sides. The provider requests 12 massage therapy sessions for her neck and 12 aquatic therapy sessions for aerobic exercise and range of motion. Utilization review denied the request on 04/09/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Massage Therapy x 12 for the cervical: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Massage Therapy.

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

Decision rationale: This patient presents with chronic neck pain that radiates into the left arm. The provider is requesting aquatic therapy 12 sessions for "aerobic exercise and ROM." MTUS recommends aquatic therapy as an option for land-based physical therapy in patients that could benefit from decreased weightbearing, such as extreme obesity. For number of treatments, MTUS Guidelines page 98 and 99 recommends for myalgia-, myositis-, and neuritis-type symptoms, 9 to 10 sessions over 8 weeks. Review of the medical file does not include treatment history of prior therapy sessions to verify how much treatment and with what results were accomplished. In this case, the provider does not discuss why the patient would not be able to tolerate land-based therapy. Furthermore, the provider's request for 12 sessions exceeds what is recommended by MTUS. This request is not medically necessary.