

Case Number:	CM14-0055458		
Date Assigned:	07/07/2014	Date of Injury:	01/11/2006
Decision Date:	08/07/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	04/24/2014

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:

The patient is a 55 year old female with an injury date of 01/11/06. Based on the 03/31/14 progress report, the patient complains of frequent headaches described as mild-to-moderate in severity, without nausea and/or vomiting. She has painful movement of both shoulders and frequent pain in her left wrist. Her constant lower back pain varies from 5-6/10 on a pain scale of 1-10 without medications. She also reports pain and numbness in her right leg and foot. The 02/27/14 report states that the patient has difficulty sleeping on her left and right sides at night, secondary to pain. She complains of right knee pain with instability and the sensation of buckling. The patient's diagnoses include posttraumatic headaches; chronic myofascial pain syndrome, thoracolumbar spine; pain, numbness and weakness of right leg due to lumbosacral radiculopathy versus diabetic neuropathy; injury of left wrist with internal derangement; sprain injury, bilateral shoulders. The request is for aquatic therapy two times a week for six weeks to the thoracolumbar, right leg and lower back (total 12). The utilization review determination being challenged is dated 04/16/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy two times a week for six weeks, thoracolumbar, right leg, and lower back (total 12).: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22, 99.

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

Decision rationale: According to the 03/31/14 report the patient presents with frequent headaches, painful movements of both shoulders, frequent pain in left wrist, constant lower back pain, and pain and numbness in right leg and foot. The request is for aquatic therapy two times a week for six weeks for the thoracolumbar, right leg, and lower back (total 12). MTUS Guidelines state 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, the patient only has mild obesity and the requested 12 sessions exceeds what is recommended by MTUS for myalgia/myositis, neuralgia/neuritis type of condition. As such, the request is not medically necessary.