

Case Number:	CM14-0058728		
Date Assigned:	07/09/2014	Date of Injury:	01/24/2005
Decision Date:	08/12/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	04/29/2014

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 Texas and Oklahoma. 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 injured worker is a 55-year-old female who reported injury on 1/24/05. The mechanism of injury was not submitted in the documentation provided for review. The injured worker is status post left shoulder surgery; the date of surgery was not documented. The injured worker complained of pain in her neck and lower back. On 6/24/14, the injured worker stated that her level of pain fluctuated depending on her activity level. Her average pain is 4/10 with medications allowing her improved function and mood, and 8/10 without medications with decreased function, mood, and impaired ability to sleep. She reports that the pain occurs constantly. In addition, she also complained of muscle spasms and numbness, but no weakness. A physical examination dated 6/24/14 revealed that the lumbar spine range of motion was restricted with flexion limited to 45 degrees due to pain, extension limited to 1 degree due to pain, lateral rotation to the left limited to 45 degrees, and lateral rotation to the right limited to 45 degrees. Babinski's sign was negative. All lower extremity reflexes were equal and symmetric. Her muscle motor strength was 5/5 in the bilateral lower extremities. Her sensation was slightly decreased in the left L5-S1 distribution. Examination of the left shoulder noted that there were no limitations on flexion, extension, adduction, abduction, active elevation, passive elevation, internal rotation, and external rotation. Hawkins test was positive. Speed's test, Yergason's test, and Popeye's sign were negative ruling out any biceps pathology. Crank test and O'Brien's test were negative ruling out any pathology of the glenoid labrum. Apprehension test, anterior stress test, posterior stress test, and Jobe relocation test were negative ruling out any joint instability. Since the injured worker's injury she has had an MRI, dated 10/31/12, and NCV/EMG. The injured worker has diagnoses of cervical facet syndrome, lumbar facet syndrome, cervical radiculopathy, and disc disorder cervical. Past treatments include physical

therapy, lumbar epidural steroid injections, acupuncture, chiropractic therapy, and medication therapy. Medications include clonazepam 0.5 mg, codeine sulfate 15 mg, Lisinopril 5 mg, and metformin HCL 500 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Aqua Therapy Sessions: Upheld

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

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

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines recommend aquatic therapy 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 MTUS guidelines also state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The guidelines indicate that the treatment for myalgia and myositis is 9-10 visits and for neuralgia, neuritis, and radiculitis, it is 8-10 visits. There was a lack of documentation in the submitted reports as to why the injured worker would benefit from aquatic therapy. There was also no reason as to why the injured worker would not benefit from a land based home exercise program. The request was not specific as to what parts of the body were going to be exercised with aquatic therapy. There lacked evidence in report that physical therapy was not helping the injured worker. The submitted report stated that the physical therapy was painful, but it did not mention that it was not working, nor did it mention any functional deficits the injured worker may have had before and after physical therapy. As such, the request for 12 aquatic therapy sessions is not medically necessary.