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| Case Number: | CM14-0066647 | | |
| Date Assigned: | 07/11/2014 | Date of Injury: | 01/15/2013 |
| Decision Date: | 10/29/2014 | UR Denial Date: | 05/05/2014 |
| Priority: | Standard | Application Received: | 05/10/2014 |

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 Management 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 female patient with the date of injury of January 15, 2013. A Utilization Review was performed on May 5, 2014 and recommended non-certification of aquatic therapy 2xwk x 6 wks cervical. A Progress Report dated April 21, 2014 identifies Subjective Complaints of frequent pain and numbness as well as a shooting type of pain in her right hand and right elbow. Objective Findings identify ranges of motion of the cervical spine were slightly restricted in all planes. Mild tremors of the head as well as the upper and lower extremities were noted. Grip strength was decreased in the right hand at 4/5. Assessment identifies posttraumatic daily headaches and cervicogenic daily headaches, uncontrolled and cognitive dysfunction, and chronic myofascial pain syndrome. Treatment Plan aquatic therapy exercises 2 x week x 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy 2 times a week for 6 weeks for the cervical: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page Page(s): 22, 98-99 of 127. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine

Decision rationale: Regarding the request for aquatic therapy 2 times a week for 6 weeks for the cervical, Chronic Pain Treatment Guidelines state that aquatic therapy is recommended as an optional form of exercise therapy where available as an alternative to land-based physical therapy. They go on to state that it is specifically recommended whenever reduced weight bearing is desirable, for example extreme obesity. Guidelines go on to state that for the recommendation on the number of supervised visits, see physical therapy guidelines. ODG recommends a maximum of 9 visits of physical therapy over 8 weeks following a 6 visit clinical trial, in the treatment of neck pain. Within the documentation available for review, there is no statement indicating why the patient would require reduced weight-bearing exercise. Additionally, reduced weight-bearing exercise is usually recommended for knee or low back problems, but not generally utilized for cervical complaints. The requesting physician has not stated why aquatic therapy would be indicated for this patient's current cervical complaints. Additionally, the number of treatments requested (12 sessions) exceeds the initial 6 visit trial recommended by ODG. In the absence of clarity regarding those issues, the currently requested 2 times a week for 6 weeks for the cervical is not medically necessary.