

Case Number:	CM14-0066952		
Date Assigned:	07/11/2014	Date of Injury:	01/11/2013
Decision Date:	09/25/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	05/12/2014

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 Occupational 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:

The injured worker is a female with date of injury 1/11/2013. Per primary treating physician's progress report dated 4/21/2014, the injured worker continues to complain of persistent pain in her neck, both shoulders, low back, left knee and both feet. She states that her pain is aggravated by activities of daily living. Her neck and low back pain are rated at 7/10, shoulder pain 8/10 and left knee and foot pain 6/10 without medication or therapy. Her pain level is reduced to 5 in her neck and left knee, 6-7 in both shoulder and 6- in her lumbar spine and 4-5 in both feet with therapy. She has not received medications for about two months now. On examination she ambulates with an antalgic gait. She uses crutches for gait assistance. Examination of the cervical spine demonstrates tenderness to palpation over the spinous processes from C3 through C7 and bilateral paravertebral muscles. There is no soft tissue swelling noted. There is decreased range of motion particularly upon flexion and extension. Cervical compression test is positive. The bilateral shoulder demonstrate tenderness to palpation over the acromioclavicular joints and supraspinatus regions. There is decreased range of motion particularly upon abduction and circumduction with flexion. Impingement sign is positive. The lumbar spine demonstrates tenderness to palpation over the spinous processes from L1 through L5 and bilateral paravertebral muscles. There is no soft tissue swelling noted. There is decreased range of motion particularly upon flexion and extension. Examination of the left knee demonstrates tenderness to palpation over the medial joint line and anterior patella. There is no soft tissue swelling. There is decreased flexion and extension of the knee. There is tenderness to palpation over the plantar aspect and Achilles tendon of the bilateral feet/ankles. Diagnoses include 1) cervical spine sprain/strain 2) lumbar spine herniated nucleus pulposus 3) right shoulder sprain/strain 4) left knee patellar nondisplaced fracture 5) left foot plantar fasciitis 6) right foot/ankle sprain/strain, plantar fasciitis.

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 4 weeks for the cervical spine, lumbar spine, and left knee: 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 section, Physical Medicine section Page(s): 22.

Decision rationale: The MTUS Guidelines recommend the use of aquatic therapy as an optimal form of exercise therapy, where available, as an alternative to land-based physical therapy. Allow for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home exercise. The total number of sessions recommended is as follows: myalgia and myositis 9-10 visits over 8 weeks; neuralgia, neuritis and radiculitis, 8-10 visits over 4 weeks; and reflex sympathetic dystrophy allows 24 visits over 16 weeks. The requesting physician requests aquatic therapy, to help alleviate her symptomatology. No other rationale is provided regarding why the injured worker requires aquatic therapy over land based therapy. The history and physical exam does not indicate that the injured worker cannot do land based therapy. The injured worker also recently completed 24 sessions of physical therapy and was discharged to a home exercise program. The request for aquatic therapy 2 twice a week for four weeks for the cervical spine, lumbar spine, and left knee is not medically necessary.