

Case Number:	CM14-0067285		
Date Assigned:	07/11/2014	Date of Injury:	10/29/2010
Decision Date:	12/17/2014	UR Denial Date:	04/22/2014
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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine, Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of a work related injury in August 2009 when, while walking in a hallway she slipped and fell. She was subsequently treated for knee, shoulder, back, neck, and right hip pain and is currently being treated for a cumulative trauma work injury with date of injury of 10/29/10. She was seen on 01/16/14. She was having radiating neck pain into her arms. Treatments had included physical therapy reported as helping. Physical examination findings included decreased cervical spine range of motion with tenderness and muscle spasms. There was decreased upper extremity sensation. Ambien was prescribed and an intramuscular injection administered. She was seen by the requesting provider on 04/08/14. She was having neck and low back pain rated at 6/10, bilateral shoulder pain rated at 5-7/10, bilateral knee pain rated at 4.5-5/10, bilateral ankle pain rated at 3/10, and bilateral hand tingling. Physical examination findings included poor posture and cervical and upper trapezius muscle tenderness with muscle guarding. There was neck pain with compression testing. There was decreased cervical spine and shoulder range of motion. There was bilateral shoulder tenderness with positive drop arm testing and positive impingement and cross arm testing. There was bilateral wrist tenderness with positive Tinel's sign on the right. She had bilateral knee tenderness with patellofemoral crepitus. There was bilateral ankle tenderness. She had lumbar paraspinal muscle tenderness with guarding and tenderness over the sacroiliac joints with positive sacroiliac joint stress testing. There was decreased lumbar spine range of motion. Authorization for EMG/NCS testing, acupuncture, and pool therapy was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy; six (6) sessions (2X3), cervical spine, lumbar spine, bilateral shoulders, bilateral wrists, bilateral knees, bilateral ankles, and right sacroiliac joint.: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6: p87

Decision rationale: The claimant is more than 5 years status post work-related injury and continues to be treated chronic widespread pain. Prior treatments have included physical therapy with benefit. A trial of aquatic therapy is recommended for patients with chronic persistent pain who have comorbidity such as obesity or significant degenerative joint disease that could preclude effective participation in weight-bearing physical activities. In this case the claimant has been able to participate in land based physical therapy treatments with benefit and therefore the requested pool therapy is not medically necessary.