

Case Number:	CM14-0070259		
Date Assigned:	07/14/2014	Date of Injury:	09/06/2009
Decision Date:	09/11/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	05/15/2014

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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 52 year-old female with a work injury dated 09/06/2009. The recent diagnoses include cervical degenerative disease, multiple level degenerative lumbar disease, bilateral knee arthralgia and bilateral plantar fasciitis, and electrodiagnostic evidence of bilateral ulnar neuropathy. Under consideration is a request for 12 aquatherapy sessions (between 12/09/2013 and 02/21/2014.) The documentation indicates that the patient has had aquatic and physical therapy, including certification for at least 8 sessions in mid-2012 and 12 more in early 2013. There was a certification of 12 more sessions of aquatic therapy on 05/22/2014. There is a primary treating physician report dated 04/04/2014 that states that she was recommended aqua therapy and she underwent two series of 12 sessions of the aqua therapy, which did provide relief of her symptoms. She was recommended further aqua therapy, but this was not authorized. She continues to experience pain in the neck, hands, back, hips, knees and feet. However, she feels that the symptoms have improved since her last evaluation. She states that she continues to experience migraines, which have gotten worse the last 6 months. She indicates that her shoulder, elbow and hip pain resolved. She does perform home exercises and stretching that help. She continues to experience pain in multiple sites of her body including, neck, low back, right hand, ankles, feet, and knees. On physical exam the cervical spine shows left-sided paracervical tenderness with spasm and guarding with rotation. There is a negative foraminal compression test and a negative Spurling's sign. Reflexes in the upper limbs are normal. Comprehensive motor examination of the upper extremities shows weakness, bilaterally, of the first dorsal interosseous muscles of the hands. Sensory examination shows decreased sharp sensation over the volar tip of the little finger of both hands, worse on the left than on the right. Examination of the elbows shows a positive Tinel's sign over the medial epicondyle of the left

elbow. Examination of the thoracolumbar spine shows thoracolumbar tenderness with some paravertebral spasm; this is worse on the right than on the left. Lower extremity motor, sensory, and knee evaluation are normal. There is mild bilateral pes planus.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatherapy; 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Lumbar & Thoracic (Acute and Chronic).

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

Decision rationale: The MTUS guidelines recommend up to 10 visits for this condition and the request exceeds those recommendations. The patient has had numerous sessions of prior aqua therapy. It is unclear from the documentation submitted as to why she cannot perform land based therapy. She should be versed in a home exercise program. The documentation does not indicate significant functional improvement despite prior aqua therapy. The request for 12 session of aquatherapy is not medically necessary.