

Case Number:	CM14-0074374		
Date Assigned:	07/16/2014	Date of Injury:	01/03/2010
Decision Date:	08/18/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/21/2014

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 & Rehabilitation, has a subspecialty in Sports Medicine and is licensed to practice in Texas and New York. 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 32-year-old female who reported an injury on 01/03/2010, due to repetitive job activities. The injured worker had a history of neck, shoulders, arms, hands, and wrists pain. The injured worker was diagnosed with cervical strain/sprain with mild degenerative disc disease at the C4-5 and C5-6. The electromyogram/nerve conduction study on 06/02/2010 revealed a lumbar strain with radiculopathy. The MRI dated 10/05/2011 revealed bilateral shoulder rotator cuff strain, bilateral elbow strain, bilateral wrist sprain/strain, lumbar strain at the L5 with radiculopathy, lumbar strain, and bilateral hip/sprain strain. The past treatment included unspecified amount of acupuncture, with electrical stimulation that showed improvement and decreased pain. The objective findings for the lumbar spine revealed tenderness bilaterally at the L5-S1; pain with flexion, extension, and right and left lateral flexion maneuvers. The motor demonstrated 4/5 strength of the right knee flexors and extensors; ankle dorsiflexors and plantar flexors, and levators, along with right hip adductors. The medication included Vicodin 7.5 mg. The injured worker reported her pain prior to her acupuncture treatments at a 5 to 8 on a scale of 10. After acupuncture, treatments would diminish to a 4/10, with a high being an 8/10. The treatment plan included continue home exercise program, which included walking and stretching; and to complete the remaining 4 sessions of her acupuncture. The treatment plan also included physical therapy and manipulation. The Request for Authorization dated 07/16/2014 was submitted with documentation. The rationale for the aquatherapy is to assist with flexion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua Therapy 1 x 4 lumbar: 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 Page(s): 22.

Decision rationale: The request for the aquatherapy 1x4 lumbar is not medically necessary. The California MTUS recommends 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 weightbearing is desirable, for example, extreme obesity. Exercise improves some components of health-related quality of life, balance, and stair-climbing in females with fibromyalgia, though regular exercise in higher intensities may be required to preserve most of these gains. The number of visits recommended are 9-10 over an 8 week period. Per the chart note, the injured worker had or has physical therapy. However, no documentation was available for review. The injured worker is currently in acupuncture with good results, decreased pain level, increased in function, range of motion is increased. The lack of clinical information indicating the rationale for the aquatic therapy rather than a land-based physical therapy was not provided. Documentation did not support the medical necessity. As such, the request is not medically necessary.