

Case Number:	CM14-0079137		
Date Assigned:	07/18/2014	Date of Injury:	07/31/2008
Decision Date:	09/09/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/29/2014

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 Anesthesiology, 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:

According to the records made available for review, this is a 55-year-old female with a 7/31/08 date of injury. At the time (4/10/14) of the request for authorization for pool therapy two (2) times a week times six (6) weeks, cervical spine, there is documentation of subjective (increased pain in the left knee, associated with swelling, difficulty with walking) and objective (cervical spine pain and tenderness, more right than left sided; range of motion produces pain, mildly limited; and ongoing diminished right C6-C7 sensation) findings;. The current diagnoses are cervical spine strain/sprain, rule out discopathy, and rule out right upper extremity radiculopathy. The treatment to date includes medications. There is no documentation that reduced weight bearing is desirable (extreme obesity, need for reduced weight bearing, or recommendation for reduced weight bearing).

IMR ISSUES, DECISIONS AND RATIONALES

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

Pool Therapy two (2) times a week times six (6) weeks, cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Aquatic therapy Page(s): 22, 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper Back, Physical Therapy (PT).

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that aquatic therapy is recommended where reduced weight bearing is desirable (such as extreme obesity, need for reduced weight bearing, or recommendation for reduced weight bearing). MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. The Official Disability Guidelines recommends a limited course of physical therapy for patients with a diagnosis of neuritis or radiculitis not to exceed 12 visits over 10 weeks. The Official Disability Guidelines states that patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy). Within the medical information available for review, there is documentation of diagnoses of cervical spine strain/sprain, rule out discopathy, and rule out right upper extremity radiculopathy. However, there is no documentation that reduced weight bearing is desirable (extreme obesity, need for reduced weight bearing, or recommendation for reduced weight bearing). In addition, the requested pool therapy two (2) times a week times six (6) weeks, cervical spine exceeds guidelines (for an initial trial). Therefore, based on guidelines and a review of the evidence, the request for pool therapy two (2) times a week times six (6) weeks, cervical spine is not medically necessary.