

Case Number:	CM14-0082636		
Date Assigned:	07/21/2014	Date of Injury:	02/07/2011
Decision Date:	08/26/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	06/04/2014

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 Interventional Spine 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 patient is a 45-year-old with an injury date on 2/7/11. The patient complains of constant dull to sharp left shoulder pain, occasional dull to sharp lower back pain with numbness in left thigh and groin per 11/5/13 report. Patient is working and has no new injuries per 11/5/13 report. Based on the 11/5/13 progress report provided by the requesting provider, the diagnoses are myoligamentous strain of the cervical spine; and myoligamentous strain of the lumbar spine. The exam on 11/5/13 showed patient walks with equal agility on both toes and heels, and can do a deep knee bend and arise without difficulty. Range of motion of cervical spine is normal except for 5 degree decrease in right/left lateral bending. There is tenderness of left paracervical spine musculature with spasm. The lumbar spine range of motion: mostly normal except for 15 degree decrease in flexion, and 5 degree decrease in left lateral bending. There is tenderness of right sacroiliac joint and right erector spinae mass musculature. The requesting provider is requesting aquatic therapy 2 to 3 times a week for 4 weeks for a total of 12 sessions to the lumbar spine. The utilization review determination being challenged is dated 5/21/14. The requesting provider provided a single treatment report from 11/5/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy two (2) to three (3) times a week for four (4) weeks for a total of twelve (12) sessions to the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy and Physical Medicine Guidelines.

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

Decision rationale: This patient presents with left shoulder pain, lower back pain with numbness in left thigh/groin. The treater has asked for aquatic therapy 2 to 3 times a week for 4 weeks for a total of 12 sessions to the lumbar spine but the date of the request is not known. Review of the reports showed no recent history of aquatic therapy. Regarding aquatic therapy, MTUS states, aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. MTUS guidelines allows for 8-10 sessions of physical therapy for various myalgias and neuralgias. Given the lack of recent therapy, a course of 10 aquatic therapy sessions would be reasonable, but the requested 12 sessions exceeds what MTUS guidelines allow. In addition, there is no discussion regarding the need for weight-reduced exercises or extreme obesity to warrant aquatic therapy. Recommendation is not medically necessary.