

Case Number:	CM14-0097230		
Date Assigned:	07/28/2014	Date of Injury:	04/20/2011
Decision Date:	08/28/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	06/25/2014

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 and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 45-year-old female was reportedly injured on April 20, 2011. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated June 12, 2014, indicated that there were ongoing complaints of cervical spine pain and left upper extremity pain. Current medications include gabapentin, lisinopril, Methoderm, Norco, tramadol, cyclobenzaprine, and Cymbalta. These medications were stated to be helpful. The physical examination demonstrated tenderness over the left trapezius region and decreased sensation over the left C5 and C6 dermatomes. There was a diagnoses of cervicalgia, lateral epicondylitis, reflex sympathetic dystrophy of the upper limb, and sciatica. Diagnostic imaging studies were not reviewed during this visit. Previous treatment included oral pain medications and participation in a functional restoration program. A request had been made for aquatic therapy for the cervical spine and was not certified in the pre-authorization process on June 20, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 aqua therapy for the cervical spine, 8 sessions as outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines, aquatic therapy is recommended 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 weight bearing is desirable, for example extreme obesity. Water exercise improved some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities may be required to preserve most of these gains. According to the attached medical record, the injured employee did not have any issues with weight bearing portions of the body, that could potentially benefit from the buoyancy and decreased weight bearing offered by aquatic therapy. Considering this, the cervical spine clearly cannot benefit from this type of therapy. This request for Aqua therapy for the cervical spine is not medically necessary.