

Case Number:	CM14-0179985		
Date Assigned:	11/04/2014	Date of Injury:	12/18/2009
Decision Date:	01/06/2015	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	10/29/2014

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 Occupational Medicine 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:

Patient is a 53 year-old female with dates of cumulative trauma injury 10/21/2003 through 05/12/2010. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 06/17/2014, lists subjective complaints as pain in the mid and low back. Objective findings: Examination of the thoracic and lumbar spine revealed slightly-to-moderately restricted ranges of motion. There were multiple myofascial trigger points and taut bands throughout the cervical paraspinal, trapezius, levator scapulae, scalene, infraspinatus, thoracic and lumbosacral paraspinal musculature. Sensation to fine touch and pinprick was decreased in the left index and middle fingers. Sensation to fine touch and pinprick was also decreased in the L5-S1 dermatomes. Diagnosis: 1. Cervical and lumbosacral radiculopathy 2. Chronic myofascial pain syndrome, cervical and thoracolumbar spine 3. Sprain injury, right shoulder 4. Depression and insomnia 5. Gastritis secondary to NSAIDS. It was noted that the patient has completed multiple sessions of physical therapy, but the exact duration and frequency of visits was not documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy exercises 2x3 weeks (6 sessions) of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 22, 58.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) states that aquatic therapy can be recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy; but as with therapeutic physical therapy for the spine, it is authorized as a trial of 6 visits over 2 weeks, with evidence of objective functional improvement, prior to authorizing more treatments with a total of up to 18 visits over 6-8 weeks. There is no documentation of objective functional improvement. In addition, 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. Aquatic therapy is not useful for therapy to the cervical spine, as the fracture of gravity is not the issue. Aquatic therapy exercises two times three weeks (6 sessions) of the cervical spine are not medically necessary.