

Case Number:	CM14-0186691		
Date Assigned:	11/13/2014	Date of Injury:	05/13/2010
Decision Date:	01/07/2015	UR Denial Date:	10/18/2014
Priority:	Standard	Application Received:	11/03/2014

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 Internal medicine and is licensed to practice in Maryland. 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 employee was a 47 year old female who sustained an industrial injury on 05/13/10. Cervical spine MRI showed status post fusion and corpectomy without evidence of cervical canal stenosis or neural foraminal narrowing. Lumbar spine MRI from 06/11/14 revealed 1-2 mm disc bulge at L4-5 resulting in mild to moderate left and mild right neural foraminal narrowing as well as L5-S1 3-4mm posterior disc bulge resulting in mild to moderate bilateral neural foraminal narrowing with bilateral exiting nerve root compromise. An MRI of the knee revealed degenerative arthritis, baker's cyst and moderate knee joint effusion. The progress note from 08/11/14 was reviewed. She was status post cervical corpectomy and fusion in 2012. Her complaints included neck pain, pain in left medial scapular region, top of her arm, forearm radiating into the 2nd and 3rd digits. She had pain and paresthesias. She had back pain and left lower extremity radiculopathy. Her left upper extremity radiculopathy had been constant since 2013 December. She noted improvement for 8 months postoperatively, but then noticed a steady decline and increase in her symptoms from that point forward. Her back pain was treated with ESI. She was not working. According to a note from 03/31/14 she had received 2 sessions of chiropractic treatment and 11 sessions of acupuncture treatment. She was referred to aquatic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Additional sessions of Aquatic Therapy: Upheld

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

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

Decision rationale: The MTUS, Chronic Pain Medical Treatment guidelines, indicate that aquatic therapy is recommended as an option form of exercise therapy, where available, as an alternative to land-based physical therapy, when reduced weight bearing is desired. The guidelines also recommend for fading of treatment frequency plus active self directed home physical therapy. The medical records reviewed show evidence of knee osteoarthritis with need for reduced weight bearing. The plan of care from the previous progress notes recommended aquatic therapy. But there is no documentation of the employee receiving aquatic therapy and how it improved the pain or functional status. Given the lack of improvement of functional status, the request for 8 Additional Aquatic Therapy Visits are not medically necessary and appropriate.