MAXIMUS Federal Services

Case Number:	CM14-0190991		
Date Assigned:	11/24/2014	Date of Injury:	10/14/2013
Decision Date:	01/09/2015	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/17/2014

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 American Board Internal 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:

The injured worker (IW) is a 29-year-old woman with a date of injury of October 14, 2013. The mechanism of injury was not documented in the medical record.Pursuant to the progress note dated August 11, 2014, the IW complains of cervical pain, headache, and right-sided lumbar pain. Musculoskeletal exam revealed moderate tenderness over the neck and shoulder girdle. She had full, painless range of motion in the neck. Normal stability and strength and tone were noted. Low back range of motion is restricted in flexion and extension. Straight leg raise test on the right is positive at 15 degrees. The IW was has been diagnosed with degenerative lumbar/lumbosacral intervertebral disc; lumbar radiculitis; occipital neuralgia; insomnia, unspecified; and headache. Current medications include Naproxen, Flexeril and Elavil. Documentation in the medical record indicated that the IW has undergone 23 sessions of physical therapy (unspecified body part) with no significant improvement. The Provider is requesting authorization for aquatic therapy 3 times a week for 4 weeks to the cervical and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy 3xwk x 4 wks., cervical & lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy, Physical Medicine Guidelines Page(s): 22, 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper back, Physical therapy (PT)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back, Aquatic Therapy

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, aquatic therapy three times a week for four weeks to the cervical and lumbar spine is not medically necessary. Aquatic therapy is recommended as an optional form of therapy, were 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. In this case, the injured worker was being treated for pain in the cervical region, right-sided lumbar region and headache. Range of motion and mobility were within normal limits was tenderness over the neck with full range of motion. Range of motion of the lumbar spine was restricted in both flexion and extension. Progress note dated October 6, 2014 did not contain a physical examination. An August 19, 2014 progress note indicates the injured worker at 23 prior physical therapy sessions that did not help. There is no documentation in the medical record indicating what areas were treated and no documentation as to frequency and duration. Aquatic therapy can minimize the effects of gravity and is specifically recommended where reduced weight-bearing is desirable. There is no documentation indicating weight-bearing is in issue. Additionally, there is no clinical rationale in the medical record indicating why aquatic therapy is appropriate. Also, the cervical spine is not an area that is typically affected by gravity that would in turn require aquatic therapy. Consequently, aquatic therapy three times a week for four weeks to the cervical spine and lumbar spine is not medically necessary.