

Case Number:	CM14-0198571		
Date Assigned:	12/08/2014	Date of Injury:	09/03/2010
Decision Date:	01/28/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	11/25/2014

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 Anesthesiology, has a subspecialty in Pain Medicine, Acupuncture 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:

58y/o male injured worker with date of injury 9/3/10 with related neck, upper, and lower back pain. Per progress report dated 10/21/14, the injured worker also complained of frequent pain and numbness in both hands, as well as joint pain in his wrists and elbows. He noted his pain was typically 7-9/10 in intensity. Per physical exam, ranges of motion of the cervical and lumbar spine were slightly-to-moderately restricted in all planes. There were multiple myofascial trigger points and taut bands noted through the cervical paraspinal, trapezius, levator scapular, scalene, and infraspinatus musculature. The right medial epicondyle area was tender to palpation. The ranges of motion of the bilateral wrist were slightly decreased in all directions. Treatment to date has included physical therapy and medication management. The date of UR decision was 11/14/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Daily swimming pool exercises and home exercise program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy and Physical Medicine Page(s): 22 & 99. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Physical Medicine

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) Pain, Physical Medicine Treatment.

Decision rationale: It 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. Per the ODG guidelines, no specific recommendation is provided for the recommended number of visits, but it is stated "Patients should be formally assessed after a "six-visit clinical trial" to evaluate whether physical therapy has resulted in positive impact, no impact, or negative impact prior to continuing with or modifying the physical therapy". As the request does not specify the requested number of sessions, the request is not medically necessary.