

Case Number:	CM14-0198779		
Date Assigned:	12/09/2014	Date of Injury:	01/17/2013
Decision Date:	01/21/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	11/26/2014

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 Family Practice, 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 patient is a 51 year-old man who was injured at work on 1/17/2013. The injury was primarily to his head, neck and back. He is requesting review for denial of Aquatic Therapy X 8 Visits. Medical records corroborate ongoing care for his injuries. Medical records include the Primary Treating Physician's Progress Reports. These indicate that the patient's chronic diagnoses include: Status Post Traumatic Head Injury; Post-Traumatic Headaches; Cervical Sprain; Cervical Radiculopathy; Lumbosacral Sprain/Right LS Radiculopathy; and Post-Concussion Syndrome with Cognitive Impairment. The records indicate that the patient has received a prior course of physical therapy, although the number of visits was not described. Further, that the patient has been engaged in a self-directed home exercise program. During his last visit with his Primary Treating Physician, it was noted that the patient had undergone a course of chiropractic treatment X 7 sessions. He received significant short-term relief of his symptoms; however, 3-4 days later the pain would return. It was recommended that he engage in aquatic therapy for the neck and back, with instruction on self-independent water exercises in order to assist with mobility, reduce inflammation, muscle toning and improve functioning level.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy x 8 visits: 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, Physical Medicine Page(s): 22, 98-99.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of Aquatic and Physical Therapy as treatment modalities. For Aquatic Therapy the guidelines state: 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. For recommendations on the number of supervised visits, see Physical medicine. 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. For Physical Therapy the guidelines state: Physical therapy is recommended as indicated below. Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. The guidelines also provide specific recommendations on the number of approved sessions based on the underlying condition. Physical Medicine Guidelines - Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home exercise program. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2): 8-10 visits over 4 weeks. In this case the records indicate that the patient has undergone prior sessions of physical therapy; however, it is unclear how many sessions the patient has previously had and whether there was any documented improvement. It is clear that chiropractic therapy only resulted in short-term, 3-4 days, relief. Given that it is unclear whether the patient has already undergone a full course of physical therapy and the numbers of sessions of aquatic therapy are tied to the physical medicine guidelines, the use of Aquatic Therapy X 8 Sessions is not medically necessary.