

Case Number:	CM15-0001806		
Date Assigned:	01/29/2015	Date of Injury:	07/24/1997
Decision Date:	03/24/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	01/05/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 is a 68 year old male, who sustained an industrial injury on July 24, 1997. The diagnoses have included chronic cervical strain, chronic lumbar strain, right shoulder rotator cuff tear, right wrist tendonitis, head injury and speech disorder. Treatment to date has included pain management and aquatic therapy. Currently, the injured worker complains of pain in the lower back, neck, bilateral shoulders, right wrist, and right hand. The evaluating physician noted levator scapulae and trapezius tenderness and hypertonicity bilaterally. The injured worker had a positive cervical compression test and positive Hawkins's impingement tests. On December 2, 2014, Utilization Review non-certified a request for twelve aqua therapy sessions, noting that the request exceeds the guidelines recommendations and does not have a condition which requires reduced weight bearing. The California Medical Treatment Utilization Schedule was cited. On January 5, 2015, the injured worker submitted an application for IMR for review of twelve aqua therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 aqua 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 Physical medicine Page(s): 22, 98-99.

Decision rationale: Per the 10/03/14 report the patient presents with pain in the cervical spine, lumbar spine and bilateral shoulders. The current request is for AQUA THERAPY. The RFA provided is dated 08/13/14. The 12/02/14 utilization review states this is a prospective request for the period 11/06/14 to 01/19/15. The patient is temporarily totally disabled as of 08/08/14. MTUS page 22 states that, 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. MTUS non-postsurgical guidelines pages 98, 99 states that for Myalgia and myositis 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis and radiculitis 8-10 visits are recommended. There is no evidence the patient is within a post-operative treatment period. The 08/08/14 report states that aquatic therapy 2x6 weeks for the cervical spine, lumbar spine and bilateral shoulders is requested. Physical therapy treatment reports show that at least 3 sessions of aquatic therapy were completed from 10/03/14 to 10/29/14. The 10/03/14 PT evaluation report discusses short term and long term functional goals for a working physical therapy diagnosis that includes cervical spine, shoulder girdle, shoulder and lumbar pain/sprain/strain. The utilization review states the patient has received 12 prior session of aquatic therapy; however, dates of treatment are not documented. In this case, it appears that 12 sessions of aquatic therapy were requested 08/08/14 and at least 3 visits were received as of 10/29/14. The reports provided do not explain why reduced weight bearing therapy is needed for this patient or why land based therapy is not adequate. Functional improvement of prior therapy is not documented, and the treater does not explain why additional therapy is needed at this time. Furthermore, the requested 12 sessions exceed what is allowed by guidelines even when not combined with the 3-12 sessions already received. The request IS NOT medically necessary.