

Case Number:	CM15-0103260		
Date Assigned:	06/05/2015	Date of Injury:	06/29/2008
Decision Date:	07/09/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	05/29/2015

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, Pain Management

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 51-year-old male, who sustained an industrial injury on 6/29/08. The injured worker was diagnosed as having status post C4-7 anterior cervical discectomy and fusion, upper cervicalgia and left shoulder impingement. Treatment to date has included cervical fusion, left shoulder injection, physical therapy, oral medication including Norco. (MRI) magnetic resonance imaging of cervical spine performed on 1/29/15 noted postoperative changes consistent with anterior cervical discectomy and fusion from C4-7, mild spondylosis of C3-5 and mild to moderate neural foraminal stenosis. Currently, the injured worker complains of increased neck pain with radiation down entire spine and some discomfort to left forearm along with significant shoulder problems. He rated the pain 7/10. He noted decreased pain following a shoulder steroid injection. Physical exam noted well healed incision of neck and decreased range of motion of left shoulder. The treatment plan included heating pad, Soma, Norco, Tylenol, Xanax, Cymbalta, corticosteroid injection, activity restriction, and starting Wellbutrin. The medical reports and utilization review report teleconference information both suggest that the request for aquatic therapy is for the shoulder rather than the leg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua therapy for Tibio/Fibular Lower Left Leg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines x 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 22, 98-99 of 127.

Decision rationale: Regarding the request for aquatic therapy, Chronic Pain Treatment Guidelines state that aquatic therapy (up to 10 sessions) is recommended as an optional form of exercise therapy where available as an alternative to land-based physical therapy. They go on to state that it is specifically recommended whenever reduced weight bearing is desirable, for example extreme obesity. Within the documentation available for review, there is no documentation indicating why the patient would require therapy in a reduced weight-bearing environment. Finally, there is no statement indicating whether the patient is performing a home exercise program on a regular basis, and whether or not that home exercise program has been modified if it has been determined to be ineffective. In the absence of clarity regarding those issues, the currently requested aquatic therapy is not medically necessary.