

Case Number:	CM15-0133102		
Date Assigned:	07/21/2015	Date of Injury:	12/26/2014
Decision Date:	08/21/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	07/09/2015

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: Family Practice

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 60 year old female, who sustained an industrial injury on 12/26/14. Initial complaints were of the bilateral upper extremity, upper-mid-lower back and tailbone pain, left lower extremity pain. The injured worker was diagnosed as having bilateral elbow,/forearm pain radiating numbness/tingling to the hands; bilateral wrist/hand pain; upper, mid and low back pain; left knee pain/sprain; tailbone pain; abdominal pain; cervical and thoracic sprain/strain. Treatment to date has included physical therapy; medications. Currently, the PR-2 notes dated 5/18/15 indicated the injured worker is the office on this day for further medical attention and electing this provider as her primary treating physician. She is currently working light duty. The physical examination of the cervical spine notes tenderness on palpation with spasm/ hyper-tonicity present over the paraspinal musculature and trapezius muscles bilaterally. Axial compression test and Spurling's maneuver are positive on the left eliciting numbness and tingling to the L5 nerve root distribution. The thorocolumbar spine notes two well healed surgical scars consistent with removal of lipomas on the left upper trapezius muscles. She has tenderness to palpation with muscle guarding/hypertonicity over the paraspinal musculature and lumbosacral junction. She has tenderness to palpation of the sacroiliac joints right greater than the left. Her straight leg raise test is negative bilaterally but elicits low back pain only. Yeoman's and sacroiliac stress test are positive bilaterally right greater than left. Her bilateral shoulder examination notes tenderness to palpation over the subacromial regions, acromioclavicular joints, supraspinatus tendons and periscapular regions. Subacromial crepitus is present with passive ranging bilaterally. Impingement and Cross arm tests were positive bilaterally. She has

tenderness over the medial and lateral epicondyles as well as over the proximal forearm flexor and extensor muscles bilaterally. Examination of the bilateral wrist and hands reveals slight swelling of the left wrist over the radial aspect. She has tenderness to palpation over the flexor and extensor tendons and fist extensor compartments, bilaterally. Tinel's and Phalen's test were positive for the left. Finkelstein's test is positive bilaterally. The Grind test is negative bilaterally. The left knee exam reveals slight diffuse swelling with tenderness to palpation over the medial and lateral joint lines and patellofemoral region. A palpable plica is noted. Patellofemoral crepitus is present and positive ranging. Patellar grind is positive and McMurray's test is negative but elicits increased pain. She has a decreased sensation to pinprick and light touch in the right upper extremity and decreased along the right ulnar nerve distribution. She has left upper extremity decrease along the left L5-L6 dermatomal distribution as well as the left ulnar and medial nerve distribution. The provider's treatment plan is requesting aquatic therapy, MRI of the cervical spine to evaluate disc pathology, an EMG/NCV study of the upper extremities, diagnostic ultrasound of the bilateral shoulders and left knee to evaluate internal derangement, a consult with a rheumatoidologist, obtain her previous x-rays and an appointment for follow-up in six weeks. The provider is requesting authorization of aquatic therapy for the cervical, lumbar spine, bilateral shoulders, bilateral upper extremities and left knee twice a week for six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy for the cervical, lumbar spine, bilateral shoulders, bilateral upper extremities and left knee twice a week for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers' Compensation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy, Physical Medicine Page(s): 22, 98-99.

Decision rationale: According to the MTUS guidelines, 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, the guidelines refer to Physical medicine. The MTUS guidelines recommend up to 10 sessions of therapy for Myalgia, myositis, neuralgia, neuritis, and radiculitis. In this case, the medical records do not establish evidence of obesity or inability to perform a land based home exercise program. In addition, the injured worker has undergone prior physical therapy treatments and should be able to perform an independent home exercise program. The MTUS guidelines state that patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Moreover, the request for 12 sessions of aquatic therapy exceeds the amount recommended by the MTUS guidelines. The request for Aquatic Therapy for the cervical, lumbar spine, bilateral shoulders, bilateral upper extremities and left knee twice a week for six weeks is not medically necessary and appropriate.