

Case Number:	CM15-0145465		
Date Assigned:	08/06/2015	Date of Injury:	03/05/2015
Decision Date:	09/09/2015	UR Denial Date:	07/24/2015
Priority:	Standard	Application Received:	07/27/2015

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, Hawaii

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 39 year old female, who sustained an industrial injury on March 5, 2015. She reported a slip and fall where she landed on her back and buttocks. The injured worker was diagnosed as having widespread pain, cervical sprain strain -whiplash-type injury, thoracic sprain strain, lumbar sprain strain, right S1 joint sprain, rule out right hip labral tear, bilateral gluteus medius muscle strain and bilateral hand neuralgias (traumatic carpal tunnel syndrome). Treatment to date has included diagnostic studies, hand therapy, medications and chiropractic treatment. Notes stated she was unable to tolerate chiropractic care and hand therapy. On July 14, 2015, the injured worker complained of worsening symptoms in her neck, low back and bilateral hands. Physical examination revealed limited range of motion in her cervical spine. Guarding and tenderness were noted in her cervical para-spinals, upper trapezius and para- scapular muscles. The treatment plan included iontophoresis, physical therapy for her neck and lower back sprains, pain psychology, medications, aquatic therapy and a follow-up visit. On July 24, 2015, Utilization Review non-certified the request for aqua physical therapy times ten for cervical and lumbar, citing California MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua Physical Therapy, Cervical/ Lumbar Spine, 10 sessions: Overturned

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

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

Decision rationale: The patient was diagnosed with widespread pain, cervical sprain strain whiplash-type injury, thoracic sprain strain, lumbar sprain strain, right S1 joint sprain, rule out right hip labral tear, bilateral gluteus medius muscle strain and bilateral hand neuralgias (traumatic carpal tunnel syndrome). The patient currently complains of worsening symptoms in her neck, low back and bilateral hands. The current request is for 10 sessions of aqua physical therapy for the cervical and lumbar spine. Clinical history notes the patient was unable to tolerate chiropractic care and hand therapy. The treating physician states on 7/14/15 (24B) I would like to get her started in aquatic physical therapy for her neck and lower back sprains. I am asking for 10 sessions at [REDACTED]. She is unable to tolerate land-based therapy due to the severity of her pain symptoms. MTUS guidelines support aquatic therapy as a form of physical therapy for patients with extreme obesity or for patients that would benefit from exercises with reduced weight bearing. Additionally, MTUS allows 8-10 sessions of aquatic therapy for the diagnoses of myalgia/myositis, the type of condition this patient suffers from. In this case, the treating physician has noted the possible benefit from exercise with reduced weight bearing. The current request is medically necessary.