

Case Number:	CM15-0148324		
Date Assigned:	08/11/2015	Date of Injury:	12/27/2009
Decision Date:	09/09/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/30/2015

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: Texas, 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:

This is a 34 year old female with a December 27, 2009 date of injury. A progress note dated February 11, 2015 documents subjective complaints increasing pain due to lack of medications), objective findings (tenderness to palpation of the paracervical musculature as well as the left trapezius musculature; decreased sensation at the left C5 dermatome; decreased range of motion of the cervical spine; healed scar on the anterior neck; mild tenderness to palpation of the left shoulder; slightly restricted range of motion of the left shoulder due to pain; weak biceps; muscle spasms noted; tenderness to palpation about the parathoracic musculature; tenderness to palpation of the lumbar paravertebral musculature; decreased sensation to light touch in the L3 and L4 dermatomes; muscle spasms noted; restricted range of motion of the lumbar spine due to pain; mildly positive straight leg raise test on the left), and current diagnoses (cervical spine strain with moderate to severe myofascial strain; thoracic myofascial strain; lumbar spine strain). Treatments to date have included physical therapy that was helpful with lateral neck motion, non-steroidal anti-inflammatory drugs that did not provide relief, magnetic resonance imaging of the cervical spine that showed evidence of C4-C5 facet arthropathy with stenosis, anterior disc replacement and anterior fusion of the cervical spine, and work restrictions. The treating physician requested authorization for twelve weekly sessions of aqua therapy. The medication list include Anaprox, Soma, Naproxen, Vicodin, Nortryptiline and Butran.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy weekly for 12 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page 22 Aquatic therapy.

Decision rationale: Request; Aquatic therapy weekly for 12 weeks. Per 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." Any contraindication to land-based physical therapy or a medical need for reduced weight bearing status was not specified in the records provided. There was no evidence of extreme obesity in the patient. There was no evidence of a failure of land based physical therapy that is specified in the records provided. The patient had received an unspecified number of PT visits for this injury Detailed response to previous of PT therapy visits was not specified in the records provided. Previous of PT therapy visits notes were not specified in the records provided. As per cited guidelines patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The request for Aquatic therapy weekly for 12 weeks is not medically necessary in this patient.