

Case Number:	CM15-0161793		
Date Assigned:	08/28/2015	Date of Injury:	11/14/1998
Decision Date:	10/02/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	08/18/2015

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 60 year old male, who sustained an industrial injury on 11-14-1998. The mechanism of injury is unknown. The injured worker was diagnosed as having cervical spine disc bulge and right shoulder impingement syndrome. There is no record of a recent diagnostic study. Treatment to date has included cervical and lumbar epidural steroid injection, therapy and medication management. In a progress note dated 5-5-2015, the injured worker complains of pain in right shoulder and bilateral knees. Physical examination showed cervical paravertebral muscle spasm, trapezial tenderness, right shoulder tenderness and decreased cervical and right shoulder range of motion. The treating physician is requesting Aquatic therapy 2x6 Cervical Spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy 2x6 Cervical Spine: Upheld

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

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

Decision rationale: The treating physician report dated 5/5/15 (49B) states, "He has had significant weight gain secondary to his inactivity." The report goes on to note a diagnosis of "Morbid obesity." MTUS page 22 states the following regarding aquatic therapy: "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 supports physical medicine (physical therapy and occupational therapy) 8-10 sessions for myalgia and neuritis type conditions. The MTUS guidelines only provide a total of 8-10 sessions and the patient is expected to then continue-on with a home exercise program. The medical report provided do not show the patient has received prior physical therapy for the cervical spine. In this case, while the patient does present with a need for aquatic therapy, the current request of 12 visits exceeds the recommendation of 8-10 visits as outlined by the MTUS guidelines on page 99. Furthermore, there was no rationale by the physician in the documents provided as to why the patient requires treatment above and beyond the MTUS guidelines. The current request is not medically necessary.