

Case Number:	CM15-0169234		
Date Assigned:	09/09/2015	Date of Injury:	03/12/2010
Decision Date:	10/14/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	08/27/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative Medicine

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 54 year old female, who sustained an industrial injury on March 12, 2010. She reported injury to her neck and right upper extremity. The injured worker was currently diagnosed as having cervical radiculopathy, shoulder pain, carpal tunnel syndrome, cervical disc disorder and lateral epidylitis. Treatment to date has included psych treatment, medications, injections, chiropractic care, physical therapy and exercises. Notes stated that the injured worker was unresponsive to conservative treatment in the form of physical therapy, exercises and medications. On July 24, 2015, the injured worker complained of neck pain that was reported to be increased since a prior exam. The pain was rated as an 8 on a 1-10 pain scale with medications and a 9 on the pain scale without medications. Her current activity level was noted to be increased. The treatment plan included six remaining psych sessions, medications and aqua therapy for which she was paying out of pocket for. On August 4, 2015, utilization review denied a request for an additional six sessions of aquatic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Aquatic Therapy # 6 Sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation ACOEM, Chapter 7, Independent Medical Examination and consultations, page #127. Official Disability Guidelines, Chronic Pain.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Initial Assessment, Medical History, Physical Examination, Diagnostic Criteria, Initial Care, Activity Alteration, and Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Physical Therapy.

Decision rationale: Regarding the request for Additional Aquatic Therapy #6 Sessions, Chronic Pain Treatment Guidelines state that aquatic therapy 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. Guidelines go on to state that for the recommendation on the number of supervised visits, see physical therapy guidelines. Within the documentation available for review, there is no indication as to how many physical/aquatic therapy sessions the patient has undergone and what specific objective functional improvement has been obtained with the therapy sessions already provided. Furthermore, reduced weight-bearing exercise is usually recommended for knee or low back problems, but not generally utilized for cervical complaints. In the absence of clarity regarding those issues, the currently requested Additional Aquatic Therapy #6 Sessions is not medically necessary.