

Case Number:	CM15-0184372		
Date Assigned:	09/25/2015	Date of Injury:	09/06/2014
Decision Date:	11/06/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/18/2015

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: New Jersey

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 female who sustained an industrial injury on 9-6-14. Medical records indicate that the injured worker was being treated for cervical sprain-strain; cervical myofascitis; possible dens fracture versus incomplete fracture of sclerosis of C2; thoracic sprain-strain; thoracic myofascitis; lumbosacral sprain-strain; lumbar muscle spasm; lumbar disc protrusion; lumbar spondylosis; left knee sprain-strain; left knee chondromalacia; right knee sprain-strain; right knee chondromalacia; oblique tear of medial meniscus bilateral knees; left shoulder impingement syndrome with tendinosis. She currently (7-16-15) complains of constant, burning neck pain radiating to bilateral arms with a pain level of 7 out of 10; occasional achy, burning upper-mid back pain with a pain level of 7 out of 10; constant, burning left shoulder pain radiating to the upper back with a pain level of 7 out of 10; constant, achy, throbbing left knee pain radiating to the foot with a pain level of 8 out of 10; throbbing right knee pain with a pain level of 5 out of 10. On physical exam of the cervical spine there was painful, decreased range of motion, tenderness to palpation and muscle spasms of the cervical paravertebral muscles, cervical compression and shoulder depression causes pain; the thoracic spine revealed decreased and painful range of motion with tenderness to palpation and spasms; the lumbar exam revealed painful and decreased range of motion; left shoulder exam revealed decreased and painful range of motion with tenderness to palpation of the lateral shoulder and acromioclavicular joint, Hawkins and supraspinatus press cause pain; left knee exam reveals decreased and painful ranges of motion with tenderness to palpation anterior and posterior knee, patellar compression, Valgus causes pain; right knee exam reveals decreased and painful range of motion with tenderness to

palpation of the anterior and posterior knee and patellar compression causes pain. Her pain levels have increased since 5-14-15. Diagnostics include MRI of the cervical spine showing possible dens fracture versus incomplete fracture of sclerosis of C2; x-ray of the lumbar spine (6-26-15) showing spondylitic changes; computed tomography of the lumbar spine (6-26-15) showing spondylitic changes, broad based posterior disc protrusion; x-rays of the cervical spine (5-6-15); computed tomography of the cervical spine (5-6-15) showing bone island within the C2 vertebral body, osteoarthritic changes at C1-2. Treatments to date include physical therapy without benefit; home exercise program; medications: Prilosec, naproxen, tramadol. The request for authorization was not present. On 8-24-15 Utilization Review non-certified the request for pool therapy with treatment based on no documentation to support the need for reduced weight-bearing as per MTUS Chronic Pain Medical Treatment Guidelines this treatment is an option to land based exercise where reduced weight bearing is desirable.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pool therapy w/treatment, QTY: 4.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Aquatic Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy, Physical Medicine.

Decision rationale: The MTUS Chronic Pain Guidelines state that aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. It is specifically recommended where reduced weight bearing is desirable, such as with extreme obesity. General physical medicine recommendations by the MTUS are 9-10 visits over 8 weeks for myalgia/myositis, 8-10 visits over 4 weeks for neuralgia/radiculitis, and 24 visits over 16 weeks for reflex sympathetic dystrophy (CRPS). In the case of this worker, pool therapy was recommended for her to complete, 9 of which she completed. There was also evidence of the worker being capable and completing home exercises for her injury. There was no evidence to suggest this worker required reduced weight-bearing exercises, and completed sufficient number of sessions of physical therapy, regardless. Therefore, the request for additional pool therapy is not medically necessary.