

Case Number:	CM15-0185073		
Date Assigned:	09/25/2015	Date of Injury:	11/16/2012
Decision Date:	11/09/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/21/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 36 year old female who sustained an industrial injury on 11-16-2012. Medical records (02-24-2015 to 07-24-2015) indicated the worker was treated for neck pain, bilateral shoulders pain, and low back pain. In the Primary Treating Physician's Progress Report (PR2) of 03-06-2015 the worker complains of cervical spine pain rated a 7 on a scale of 0-10, lumbar spine pain rated an 8 on a scale of 0-10, right shoulder pain rated a 7 on a scale of 0-10, and left shoulder pain rated a 5 on a scale of 0-10. There is complaint of loss of sleep due to pain, and according to the notes, she suffers from depression, anxiety and irritability. Cervical spine ranges of motion are flexion 40 degrees, extension 50 degrees, left lateral bending 40 degrees, right lateral bending 40 degrees. Left and right rotation had no deficit. In provider notes 05-12-2015 to 05-28-2015, she is continuing physical therapy and chiropractic care 2-3 times a week "to improve mobility and muscular support of the spine and shoulders". At that time, her medications include Pantoprazole, Alprazolam, Zolpidem, and Orphenadrine plus two compounded topical creams. In the provider notes 07-24-2015, she rates her cervical spine pain an 8 and it is aggravated by looking down. She states her neck symptoms increased with a Motor vehicle accident which occurred on 07-09-2015. She also complains of constant severe low back pain and numbness aggravated by movement, standing, and walking that she rates an 8. She complains of constant moderate "ripping" right shoulder pain, numbness and tingling rated a 7 and aggravated by movement, reaching, pushing and repetitive pulling. Similar complaint of left shoulder pain is rated a 5 on a scale of 0-10. She complains of loss of sleep due to pain and "suffers from depression, anxiety and irritability". On examination of the cervical spine, there is

tenderness to palpation of the cervical paravertebral muscles with muscle spasm. Ranges of motion are decreased and painful. The lumbar spine ranges of motion are decreased and painful with flexion of 20 degrees, extension of 5 degrees, left and right lateral bending is 20 degrees. There is tenderness to palpation and muscle spasm of the lumbar paravertebral muscles. Sitting straight leg raise is positive bilaterally. Right shoulder ranges of motion are decreased and painful with tenderness to palpation of the anterior shoulder. The left shoulder ranges of motion are decreased and painful with tenderness to palpation of the acromioclavicular joint, anterior shoulder, lateral shoulder and posterior shoulder. Supraspinatus press is positive bilaterally. A request for authorization was submitted for Aquatic Therapy Two (2) Times a Week for Four (4) Weeks for a Total of 8 Sessions. A utilization review decision 08-27-2015 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy Two (2) Times a Week for Four (4) Weeks for a Total of 8 Sessions:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: 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. Per the medical records submitted for review, it is noted that the injured worker has had at least 24 physical therapy sessions, 13 chiropractic treatments, and 9 sessions of acupuncture. There is no evidence that the injured worker cannot tolerate land based therapy. No rationale was provided to specifically support aquatic therapy. The request is not medically necessary.