

Case Number:	CM15-0201987		
Date Assigned:	10/16/2015	Date of Injury:	08/15/2012
Decision Date:	11/25/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/14/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 was a 39 year old female, who sustained an industrial injury, August 15, 2012. The injured worker was undergoing treatment for Thoracic S-shaped scoliosis, thoracic pain, thoracic myospasm, thoracic sprain and or strain. According to progress note of September 15, 2015, the injured worker's chief complaint was cervical spine, thoracic spine lumbar spine, right shoulder, left wrist pain. The injured worker complained of constant moderate achy, sharp neck pain with tingling, cramping, and muscle spasms, aggravated by repetitive movement, repetitive sitting, repetitive standing, repetitive walking, driving and climbing stairs. The range of motion was decreased with pain. There was tenderness to palpation of the thoracic paravertebral muscles. There were muscle spasms of the thoracic paravertebral muscles. The Kemp's test was positive. The lumbar spine with complaints of constant moderate achy, sharp, stabbing low back pain with tingling, cramping and muscle spasms, aggravated by repetitive movement, repetitive sitting, standing, walking, driving, and climbing stairs and bending. The right shoulder constant moderate achy, sharp, stabbing right shoulder pain with tingling, weakness, cramping and muscle spasms, aggravated by repetitive movement, reaching, pushing, pulling repetitively and turning. The injured worker previously received the following treatments EMG and NCS (electrodiagnostic studies and nerve conduction studies) of the bilateral upper extremities, thoracic spine MRI on September 5, 2014. The RFA (request for authorization) dated September 17, 2015; the following treatments were requested September 15, 2015 for additional 12 sessions to increase range of motion and activities of daily living and decrease pain for the shoulder region, cervical disc without myelopathy, displacement lumbar disc without

myelopathy, cervicalgia and brachial neuritis and or radiculopathy. The UR (utilization review board) denied certification on September 23, 2015; for additional 12 sessions of aqua therapy for the thoracic spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Aquatic Therapy #12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Aquatic therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, additional aquatic therapy #12 sessions is not medically necessary. Aquatic therapy is recommended as an optional form of exercise therapy, 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. Unsupervised pool use is not aquatic therapy. In this case, the injured worker's working diagnoses are cervical disc protrusion; cervical pain; cervical radiculopathy, sprain and strain; thoracic myospasm, radiculopathy, sprain strain; lumbar disc protrusion, pain, sprain strain; right shoulder impingement syndrome, pain, sprain strain, tenosynovitis; anxiety, depression, irritability and nervousness. Date of injury is August 15, 2012. Request for authorization is September 17, 2015. The documentation shows the injured worker received prior aquatic therapy (13 sessions according to the documentation). Six of the 13 sessions were missed. There is no documentation demonstrating objective functional improvement from prior aquatic therapy. There is no clinical rationale for prior aquatic therapy indicating why reduced weight bearing was clinically indicated for the neck, glenohumeral (shoulder) and low back. There is no documentation of failed land-based physical therapy. There are no compelling clinical facts indicating additional aquatic therapies clinically indicated. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement and no compelling clinical facts indicating additional physical therapy is clinically warranted, additional aquatic therapy #12 sessions is not medically necessary.