

Case Number:	CM15-0040059		
Date Assigned:	03/10/2015	Date of Injury:	06/30/2009
Decision Date:	05/06/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	03/03/2015

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 55 year old, female patient, who sustained an industrial injury on 06/30/2009. A primary treating office visit dated 01/03/2015, reported subjective complaint of "I believe that my life situation is beyond my control". She feels uncertain about her future and "like a failure". She continues having problems with sleep especially when under stress her physical pain increases. Objective findings showed the patients mood being anxious with a full range of emotions. Her scores on the inventories assessment of mood severity feel into the severe range for depression and anxiety. The following diagnoses are applied: pain disorder associated with both psychological factors, anxiety disorder and panic disorder without agoraphobia. The plan of care involved recommendation to continue with psychotherapy treatment session.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy for the cervical spine, three times weekly for four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Section.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy & Physical Medicine Page(s): 22, 98-99.

Decision rationale: The patient presents with an injury involving her cervical spine, bilateral knees, ankles, hips, low back and both shoulders. The injured worker complains of worsening pain, with limited range of motion and limping on ambulation. The current request is for Aquatic therapy for the cervical spine, three times weekly for 4 weeks. The treating physician states on 1/15/15 (28B), "I am requesting authorization for Aquatic therapy 2 times a week for 4 weeks to improve body mechanics, function and flexibility to her bilateral shoulders, bilateral knees, bilateral hips, cervical spine, bilateral ankles and elbow." The injured worker appears to be working full duty. MTUS Guidelines address Aquatic therapy and state, "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". In this case, the clinical history offers no mention of obesity nor does it provide any documentation of intolerance to land-based therapy, or reasons why this patient is unable to attend a land based therapy program. It is noted that the patient demonstrates limping on ambulation; however, no documentation is evident in the medical history to explain why land based therapy is not adequate to address the patient's needs. Furthermore, MTUS page MTUS pages 98, 99 states that for Myalgia and myositis 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis and radiculitis 8-10 visits are recommended. The 12 visits requested exceed what is allowed by MTUS. Therefore, the request is not medically necessary.