

Case Number:	CM15-0041055		
Date Assigned:	03/11/2015	Date of Injury:	08/24/2010
Decision Date:	04/21/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	03/04/2015

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

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 58-year-old female, who sustained an industrial injury on August 24, 2010. She reported neck pain. The injured worker was diagnosed as having cervical degenerative disc disease, cervical radiculopathy in the right upper extremity, and myospasm with myofascial trigger points. Treatment to date has included cervical MRI, electrodiagnostic studies of the bilateral upper extremities, cervical epidural steroid injections, physical therapy, and non-steroidal anti-inflammatory/histamine 2 antagonist, oral and topical pain, proton pump inhibitor, non-steroidal anti-inflammatory, topical compound medications. On December 8, 2014, the injured worker complains of increased cervical pain radiating to the right upper extremity. The treating physician notes the injured worker had more than 50% relief for 10 weeks from the cervical epidural steroid injection at cervical 5-cervical 6 performed on July 3, 2014. Her range of motion increased and she was able to rotate her head easier and sit for longer periods of time. Her RUP pain has returned and she continues to have radiating pain. The physical exam revealed cervical tightness and discomfort with moderately decreased range of motion, positive right Spurling's at 20 degrees, numbness and burning in the right upper extremity consistent with cervical 5 and cervical 6 distributions, and diminished right cervical 5 and cervical 6 distributions. There was cervicothoracic and suboccipital myospasm with myofascial trigger points with twitch response and referral of pain. The bilateral upper extremities range of motion was painful, more on the right than the left, and forward flexion was moderately decreased. The bilateral upper extremities reflexes and muscle strength were normal. Sensation was intact in the

bilateral upper extremities. The treatment plan includes beginning aqua exercises and gentle stretching as tolerated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua therapy for the cervical spine 2x4: Overturned

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

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

Decision rationale: The 2/06/15 Utilization Review letter states the Aquatic therapy for the cervical spine 2x4, requested on the 1/06/15 medical report was denied because the patient is not morbidly obese and has a cervical discogenic condition, so "it is unclear why aqua therapy would be superior to a land-based physical therapy regimen." The 1/16/15 orthopedic report states the patient complains of "right shoulder pain, right upper extremity pain, upper back and lower back pain, bilateral knee pain." She underwent lumbar ESI on 11/20/14, and was able to walk further distances and use her walker less. The patient also had a cervical ESI on 7/3/14 with improvement over 10 weeks, but the pain has now returned. The diagnoses include: cervical disc degeneration; cervical radiculopathy; myospasms and trigger points; bilateral shoulder pain, s/p surgical treatment; bilateral knee pain s/p surgical treatment; lumbar degenerative disc disease with bilateral lumbar radiculitis. The review of records show the patient last had PT in July 2014. The patient has injury to multiple body regions including both knee and the lumbar spine. The most recent report, dated 1/16/15 shows the patient also has cervical and upper extremity conditions that were maintained well with an epidural injection back in July 2014, but 6-months later the symptoms have returned. The request is for PT /aquatic therapy for the cervical spine. MTUS Chronic Pain Medical Treatment Guidelines, pg 22 for aquatic therapy states: 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. For recommendations on the number of supervised visits, see Physical medicine. MTUS Chronic Pain Medical Treatment Guidelines, Physical Medicine section, pages 98-99 states that 8-10 sessions of therapy are indicated for various myalgias or neuralgias. The request for aquatic therapy 8 sessions is in accordance with MTUS guidelines. The patient has both a cervical condition for which PT is indicated and lower back and bilateral knee issues where reduced weight bearing is desirable. The request for Aquatic therapy for the cervical spine 2x4 IS medically necessary.