

Case Number:	CM15-0047728		
Date Assigned:	03/19/2015	Date of Injury:	12/30/2011
Decision Date:	04/24/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/13/2015

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 is a 33 year old female who sustained a work related injury December 30, 2011. According to a primary treating physician's progress report, dated March 5, 2015, the injured worker presented with improvement in her range of motion and decrease in her pain secondary to aqua therapy. There is tenderness and palpable muscle guarding and spasm in the paraspinous cervical and trapezius areas and pain in limited cervical range of motion. There is tenderness in the paraspinous lumbosacral area, with range of motion restricted but slightly improved. Diagnoses included lumbosacral sprain/strain; cervical sprain/strain; thoracic sprain/strain and generalized anxiety disorder. Treatment plan included requests for continuing aqua therapy, pain management consultation and prescriptions dispensed for Percocet, Xanax, Tramadol ER, Flexeril, and Lidoderm patches.

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, Thoracic and Lumbar spine, two times a week for 8 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Aquatic Therapy. Decision based on Non-MTUS Citation Official Disability Guidelines-

Treatment in Workers' Compensation, Neck and Upper Back (Acute and Chronic); Low Back - Lumbar and Thoracic (Acute and Chronic); Physical Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy; Physical medicine Page(s): 22, 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Aquatic therapy, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, aquatic therapy cervical/thoracic/lumbar spine two times per week times eight weeks 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 slimming) 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. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are sprain/strain neck; sprain/strain thoracic; and sprain/strain lumbosacral. The documentation in the medical record states the injured worker failed land-based physical therapy. There is no explanation as to how the injured worker failed land-based physical therapy. The total number of sessions rendered and modalities received is not documented in the medical record. The injured worker had aquatic therapy. The patient admits to improvement with aquatic therapy and the treating physician is now requesting additional aquatic therapy to the cervical, thoracic and lumbar spine two times per week times eight weeks (total 16 sessions). Aquatic therapy can minimize the effects of gravity so it is specifically recommended when reduced weight-bearing is desirable for example with extreme obesity. There is no documentation in the medical record indicating minimizing the effects of gravity was beneficial and specifically recommended. Additionally, the cervical spine is not a weight-bearing joint (compared to the knee and hip). There are no physical therapy or aquatic therapy progress notes in the medical record for review. Aquatic therapy is an alternative to land-based therapy. The guidelines (low back) recommend 10 visits over 8 weeks. The injured worker received 8 to 10 sessions of aquatic therapy to date. When treatment duration and a number of visits exceeds the guideline, exceptional factors should be noted. There are no compelling clinical facts in the medical record. The injured worker showed improvement with aquatic therapy but there was no compelling interest in additional aquatic therapy. The utilization review physician modified the request from 16 aquatic therapy visits to 6. Consequently, absent compelling clinical documentation with objective functional improvement from prior aquatic therapy with a history of prior failure with land-based therapy, aquatic therapy cervical/thoracic/lumbar spine two times per week times eight weeks is not medically necessary.