

Case Number:	CM15-0051209		
Date Assigned:	03/24/2015	Date of Injury:	09/22/2007
Decision Date:	05/06/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/18/2015

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 57-year-old female, who sustained an industrial injury on 9/22/2007. She reported an injury involving the neck, left shoulder and back. Diagnoses include lumbar radiculitis, chronic pain syndrome, and history of extensive dental trauma and reconstruction. She had a prior cervical fusion in 1997. She is status post cervical fusion in 2012 and revision in 2014, status post left shoulder rotator cuff repair 2003, and status post lumbar hemilaminectomy in 2010. Treatments to date include medication therapy, topical compounds, physical therapy, TENS unit, nerve blocks, and insertion of a peripheral pulse neurostimulator unit. Currently, she complained of ongoing neck, low back, left shoulder pain, migraine headaches, pain over the iliac crest donor site. There were new progressive symptoms including swelling of the left trapezius and shoulder. There were also reported events of collapse and fall with numbness lasting five minutes. On 2/9/15, the physical examination documented decreased range of motion in cervical and lumbar spine and left shoulder. The plan of care included follow up with orthopedics for the left shoulder, medication therapy, and physical therapy. The physical therapy documented from 2/23/15, documented a request for aquatic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua therapy 3x6 to cervical and lumbar: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22, 47.

Decision rationale: The official disability guidelines recommend aquatic therapy as an option when minimizing the effects of gravity and reduced weight bearing is desirable. The attached medical record indicates that the injured employee has had a lumbar spine surgery in 2010 and cervical spine surgery in 2014. There has already been previous participation in physical therapy for both of these conditions. Furthermore, it is unclear how reduced weight bearing in aquatic therapy can apply to the cervical spine. For these reasons, this request for aquatic therapy is not medically necessary.