

Case Number:	CM15-0053438		
Date Assigned:	03/26/2015	Date of Injury:	08/05/2014
Decision Date:	05/01/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/20/2015

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: New York, Tennessee
 Certification(s)/Specialty: Emergency 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 38-year-old male, who sustained an industrial injury on 08/05/2014. Initial complaints/symptoms reported included injury to the neck, left shoulder, middle and lower back and left knee/leg as the result of a motor vehicle accident. The initial diagnoses were not found in the medical records submitted. Treatment to date has included conservative care, medications, injections, physical and aquatic therapy, x-rays and MRIs of the cervical, thoracic and lumbar spines and knee, and electrodiagnostic testing. Currently, the injured worker complains of chronic pain. It was reported that the injured worker had received 6 sessions of aquatic therapy with significant improvement. Diagnoses include whip-lash-associated disorder with widespread pain, cervical spine strain/sprain, cervical spondylosis, left knee sprain, and new-onset of hypertension with proteinuria. The treatment plan consisted of 12 additional aquatic therapy sessions, daily exercise, continued medications and follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Aquatic Therapy, 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 56.

Decision rationale: Aqua therapy is 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. Water exercise improved some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities may be required to preserve most of these gains. The recommended number of visits follows those recommended for land-based physical 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 a negative direction (prior to continuing with the therapy). Recommended number of visits for myalgia and myositis is 9-10 visits over 8 weeks; and for neuralgia, neuritis, and radiculitis is 8-10 visits over 4 weeks. In this case, the patient had 6 visits with improved function. The requested addition 12 visits would bring the total to 18 visits. This surpasses the recommended maximum number of 10 visits. The request should not be medically necessary.