

Case Number:	CM15-0058043		
Date Assigned:	04/02/2015	Date of Injury:	01/28/2013
Decision Date:	05/04/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	03/26/2015

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 was a 48 year old female, who sustained an industrial injury, January 28, 2013. The injured as sustained when moving an incline bench that fell and hit the injured worker in the back of the head. The industrial injury included a head and neck injury, which was exacerbated by an automobile accident on December 3, 2014. Other injuries sustained in the auto accident were soft tissue injuries, jaw, bilateral shoulders and chest and lower back. The injured worker previously received the following treatments cervical spine MRI, lumbar spine MRI, physical therapy, codeine, Neurontin, Lyrica, anti-inflammatory medications, Fentanyl Patches, Morphine, Fioricet, Diazepam, Zoloft, Trazadone, Protonix, Robaxin, Excedrin, EMG/NCS (electrodiagnostic studies and nerve conduction studies) of the upper extremities and magnetic therapy at home for migraines. The injured worker was diagnosed with status post cervical decompression, anterior cervical discectomy and fusion C3-C7, cervical degenerative disease with disc protrusion and chronic migraines. According to progress note of February 17, 2015, the injured workers chief complaint was head, neck and upper back. The injured worker rated the pain at 5-8 out of 10; 0 being no pain and 10 being the worse pain. The neck pain was radiating down into the upper extremities. The injured worker had weakness and numbness in the hands with a weakened grip. The injured worker was experiencing neurological symptoms causing falling down, loss of balance, and vomiting. The injured worker was having difficulty with dressing, grooming, bathing and household chores. The physical exam noted decreased range of motion of the cervical spine and bilateral shoulder due to pain. The cubital Tinel's test was positive for pain into the neck bilaterally into the hand and wrist on the right. The neck pain

radiated down into both upper and lower extremities. The treatment plan included pool therapy for cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pool therapy once per week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 58.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Aquatic Therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, pool therapy once a week times 6 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 swimming) 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. In this case, the injured worker's working diagnoses are status post cervical decompression and fusion C3 - C7 November 21, 2011; status post head and neck injury January 28, 2013; chronic migraines with nausea and vertigo; status post motor vehicle accident December 2014 with exacerbations cervical condition and multiple soft tissue injuries bilateral shoulders, jaw, chest and low back December 2014. Multiple progress notes in the medical record from January 2015, February 2015 and March 2015 contain treatment plans involving referrals to various specialists, and epidural steroid injections. The area focused on by the treating provider involves the cervical spine. On February 17, 2015, the progress note treatment plan makes a recommendation of pool therapy two times per week times six weeks. There is no clinical indication or rationale for aquatic therapy (pool therapy) documented in the medical record. There are no height and weights for BMI in the medical record. There is no documentation indicating weight-bearing is desirable, for example with extreme obesity. Consequently, absent clinical documentation with a clinical indication and rationale for aquatic therapy over land-based therapy with absent height, weight and BMIs, pool therapy once per week times six weeks is not medically necessary.