

Case Number:	CM15-0058142		
Date Assigned:	04/03/2015	Date of Injury:	08/08/1982
Decision Date:	05/04/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	03/27/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 54 year old male, who sustained an industrial injury on 8/08/1982, resulting in spinal cord injury with subsequent tetraplegia. The injured worker was diagnosed as having right C5, left C4 cervical tetraplegia, spasticity, musculoskeletal and neuropathic pain, and recurrent deep vein thrombosis on Warfarin. Treatment to date has included medications, diagnostics, and medical equipment. Currently, the injured worker had a power wheelchair with right hand drive. He transferred dependently with a Hoyer lift and reported dependence for all activities of daily living. He was interested in an aquatic program for fitness. Current medications for pain included Gabapentin, Depakote, Baclofen, Tizanidine, Valium, and Norco. He requested to use OxyContin, which he had used in the past, and reported that pain was below the level of injury. He reported that spasms occur but are usually resolved within a few minutes. The treatment plan included a referral for aquatic therapy for mobility, activities of daily living, and equipment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua therapy 2-3 times a week for 4-6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6: p87.

Decision rationale: The claimant sustained a work-related injury in 1982 and continues to be treated for injuries due to a spinal cord injury. Aquatic therapy is being requested as a means of fitness. A trial of aquatic therapy is recommended for patients who have co-morbidities that could preclude effective participation in weight-bearing physical activities as in this case. However, the number of visits being requested (up to 18) is excessive. If the claimant benefits from an initial trial of 6 sessions then transition to an independent gym based pool program which would not require ongoing skilled therapy treatments would be appropriate. The request is therefore not medically necessary.