

Case Number:	CM15-0058313		
Date Assigned:	04/03/2015	Date of Injury:	07/05/2010
Decision Date:	05/01/2015	UR Denial Date:	03/26/2015
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: North Carolina

Certification(s)/Specialty: Family Practice

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 female, who sustained a work/ industrial injury on 7/5/10. She has reported initial symptoms of neck, back and arm/wrist pain. The injured worker was diagnosed as having carpal tunnel syndrome and cervical and lumbar strain. Treatments to date included medications, cervical epidural injection, and modified work activity. Magnetic Resonance Imaging (MRI) was performed on 5/17/11, 6/20/11, and 10/16/14. Currently, the injured worker complains of constant pain in multiple areas of the body, shortness and itching with Norco. Medication was changed to Percocet. Other symptoms were depression. The treating physician's report (PR-2) from 3/17/15 indicates per exam that there is tenderness to the right side of the neck, stiffness, pain worsening with left lateral rotation. Strength is 4/5 bilateral upper extremities. Back exam noted positive loss of lumbosacral lordosis, positive paralumbar muscle spasm, and tenderness over the thoro-lumbar paraspinal muscles. The wrist exam noted positive volar wrist tenderness bilaterally. Tinel's sign is positive. Treating diagnosis included cervical spondylosis, cervical myofascial pain syndrome, fibromyalgia, lumbar radiculopathy, left carpal tunnel syndrome, and depression. Treatment plan included aquatic physical therapy 2x3 for the low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic physical therapy 2x3 for the low back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

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

Decision rationale: The California chronic pain medical treatment guidelines section on aquatic therapy states: Aquatic therapy 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. For recommendations on the number of supervised visits, see Physical medicine. 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. (Tomas-Carus, 2007) There is no indication in the provided documentation that this patient has a condition such as extreme obesity that would preclude the patient from land-based physical therapy. The request for physical therapy is within the recommended number of session but the need for aquatic versus land based physical therapy has not been established. For these reasons criteria have not been met for the requested service and it is not medically necessary.