

Case Number:	CM15-0060311		
Date Assigned:	04/06/2015	Date of Injury:	05/07/2013
Decision Date:	05/05/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	03/30/2015

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 is a 64 year old female, who sustained an industrial injury on 5/7/2013. She reported injuries from a physical confrontation. The injured worker was diagnosed as having cervical disc degeneration, cervical disc displacement, cervical facet arthropathy, cervical radiculopathy, anxiety and depression. X rays showed lumbar and cervical discopathy and cervical magnetic resonance imaging showed multilevel disc bulging. Treatment to date has included medication management, physical therapy, massage, back support and chiropractic care. In a progress note dated 2/3/2015, the injured worker complains of neck pain that radiates to the bilateral upper extremities and low back pain. The treating physician is requesting 8 aqua-therapy visits for the cervical and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua therapy for the cervical and lumbar spine (two times four): 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 Aquatic Therapy Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Low Back Section, Aquatic Therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, aquatic therapy cervical and lumbar spine two times per week times four 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. 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 negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are joint arrangement not otherwise specified shoulder; disk disorder cervical and lumbar disc displacement. Reportedly, the injured worker received approximately 18 physical therapy visits. The injured worker did not receive significant improvement from prior land based physical therapy. In a March 10, 2015 progress note, the documentation indicates the injured worker is 125 pounds 5'3" with a BMI of 22. The injured worker is not obese. Aquatic therapy can minimize the effects of gravity and is specifically recommended where reduced weight bearing is desirable. There is no clinical rationale indicating reduced weight bearing is desirable in an injured worker with a BMI of 22. Aquatic therapy is an alternative to exercise therapy (land-based physical therapy). There is no clinical indication/rationale in the medical record for aquatic therapy. Additionally, when treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. There are no compelling clinical facts in the medical record warranting additional physical therapy. Consequently, absent clinical documentation with objective functional improvement from approximately 18 prior physical therapy sessions with a normal BMI (22), aquatic therapy cervical and lumbar spine two times per week times four weeks is not medically necessary.