

Case Number:	CM15-0238379		
Date Assigned:	12/15/2015	Date of Injury:	07/02/2014
Decision Date:	01/25/2016	UR Denial Date:	11/25/2015
Priority:	Standard	Application Received:	12/07/2015

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
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 49 year old male, who sustained an industrial injury on 07-02-2014. He has reported injury to the neck, right shoulder, and low back. The diagnoses have included cervical strain; right shoulder strain; rule out internal derangement right shoulder versus cervical radiculopathy; lumbar strain; and lumbar radiculopathy. Treatment to date has included medications, diagnostics, injection, acupuncture, psychotherapy, and aquatic therapy. Medications have included Tramadol, Topamax, Fioricet, Diclofenac, Ibuprofen, Gabapentin, Nortriptyline, and topical lotion. The physical therapy re-evaluation note, dated 10-02-2015, noted that the injured worker "made some progress with PT-aquatic therapy; patient rated his low back pain 6 out of 10 prior to treatment and 5 out of 10 after treatment; patient presents with increased lumbar spine flexion and extension active range of motion versus initial evaluation; patient tolerate his exercise program fairly well." A progress report from the treating physician, dated 11-17-2015, documented an evaluation with the injured worker. The injured worker reported right-sided neck pain, right shoulder pain, upper arm pain, and lower back pain radiating down the leg; difficulties with insomnia and depression; standing or sitting for long periods of time increase his back pain; he continues to have headaches frequently; he has been able to sleep better; his shoulder pain has improved due to the medication; he had acupuncture last week; he has completed his sessions for aqua therapy; and the sessions seemed to work for him. It is noted that the injured worker is currently taking Tramadol, Ibuprofen, topical lotion, and occasional Gabapentin. Objective findings included tenderness in the right cervical 5 through 7 paraspinals; tenderness in the posterior shoulder with elevation; right shoulder limited range of motion; sensory loss in the right cervical 7 dermatome; tenderness was noted on palpation of the lumbar spine; and lumbar range of motion is decreased. The treatment plan has included the request for aqua therapy 6 visits for neck, right shoulder, low back. The original utilization review, dated 11-25-2015, non-certified the request for aqua therapy 6 visits for neck, right shoulder, low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua therapy 6 visits for neck, right shoulder, low back: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back chapter - Aquatic therapy Official Disability Guidelines (ODG), Physical therapy guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy, Physical Medicine.

Decision rationale: The patient was injured on 07/02/14 and presents with pain in his lower back, right shoulder, right arm as well as headaches, insomnia, sexual dysfunction, panic attacks, and depression. The request is for AQUA THERAPY 6 VISITS FOR NECK, RIGHT SHOULDER, LOW BACK. There is no RFA provided and the patient is on temporary total disability. The patient has had prior aqua therapy. MTUS Chronic Pain Medical Treatment Guidelines, Aquatic Therapy Section, page 22 states that aquatic 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 effect 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 improves 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." MTUS Guidelines, Physical Medicine Section, pages 98 and 99 have the following: "Physical medicine: Recommended as an indicated below. Allow for fading of treatments frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. MTUS Guidelines pages 98 and 99 state that for myalgia, myositis, 9 to 10 visits are recommended over 8 weeks, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits are recommended. The patient is diagnosed with cervical strain; right shoulder strain; rule out internal derangement right shoulder versus cervical radiculopathy; lumbar strain; and lumbar radiculopathy. Treatment to date includes medications, diagnostics, injection, acupuncture, psychotherapy, and aquatic therapy. The 10/21/15 treatment report states that "the patient has completed his sessions for aqua therapy. The sessions seemed to work for the patient." There is no indication of how many total sessions of aquatic therapy the patient has to date or when these sessions occurred. An additional 6 sessions of aquatic therapy to the sessions she has already had may exceed what is allowed by MTUS Guidelines. Therefore, the requested aqua therapy IS NOT medically necessary.