

Case Number:	CM15-0243003		
Date Assigned:	12/22/2015	Date of Injury:	09/29/2012
Decision Date:	01/29/2016	UR Denial Date:	11/20/2015
Priority:	Standard	Application Received:	12/14/2015

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: New York, Tennessee
 Certification(s)/Specialty: Emergency 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 49 year old male, who sustained an industrial injury on 9-29-2012. Diagnoses include neck strain, shoulder strain, and radiculopathy, status post left shoulder surgery. Treatments to date include medications including activity modification, physical therapy, cortisone injection to shoulder, and medications including Pantoprazole 20mg twice daily, Cyclobenzaprine 7.5mg twice daily, Tramadol 150mg twice daily, Zolpidem 10mg nightly, and Gabapentin 400mg twice daily. On 10-16-15, he complained of ongoing cervical and lumbar pain and pain in the left shoulder associated with numbness, tingling, and weakness in upper extremities and lower extremities. The pain was rated 8-9 out of 10 VAS. The physical examination documented tenderness, muscle spasms, and decreased range of motion in the neck, lumbar area and left shoulder. Epidural steroid injections were not recommended secondary to diabetes. The plan of care included ongoing medication therapy and twelve (12) aqua therapy sessions. The appeal requested authorization for twelve (12) aqua therapy sessions. The Utilization Review dated 11-20-15, denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy times 12 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Aqua 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 the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. 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. The recommended number of visits follows those recommended for land-based physical 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 a negative direction (prior to continuing with the therapy). In this case documentation in the medical record does not support the need to minimize gravity. In addition the the requested number of 12 visits surpasses the number of six recommended for clinical trial to determine functional improvement. Twelve aqua therapy visits are not medically necessary.