

Case Number:	CM14-0134446		
Date Assigned:	08/29/2014	Date of Injury:	11/01/2011
Decision Date:	10/14/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/20/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a patient with a date of injury of November 1, 2011. A utilization review determination dated March 18, 2014, recommends non-certification of trigger point injections. An appeal letter dated April 9, 2014, indicates that trigger points are present in the trapezius and interscapular locations as the patient has failed conservative care including anti-inflammatories, Flexeril, Skelaxin, physical therapy, acupuncture, home exercise program, tens unit, and cervical traction. A utilization review determination dated July 31, 2014, recommends non-certification of aqua therapy. A progress report dated August 26, 2014, identifies subjective complaints indicating that the patient continues to have chronic neck pain and numbness in her hand. Physical examination reveals decreased cervical spine range of motion with pain, tenderness around the left C5-C6 facet joint and full strength with shoulder testing. Diagnoses include cervical disc bulges with facet syndrome and myofascial trapezius pain. The treatment plan recommends 8 sessions of aqua therapy to restore neck range of motion and improve upper body strength. A progress report dated July 22, 2014, indicates that the patient had 80% improvement with trigger point injections including reduce neck pain and hand numbness.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight sessions of aqua therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173, Chronic Pain Treatment Guidelines Page(s): 22, 98-99 of 127.
Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter, Physical Therapy

Decision rationale: Regarding the request for aquatic therapy, Chronic Pain Treatment Guidelines state that aquatic therapy is recommended as an optional form of exercise therapy where available as an alternative to land-based physical therapy. They go on to state that it is specifically recommended whenever reduced weight bearing is desirable, for example extreme obesity. Guidelines go on to state that for the recommendation on the number of supervised visits, see physical therapy guidelines. Official Disability Guidelines (ODG) recommends a maximum of 9 visits of physical therapy over 8 weeks following a 6 visit clinical trial, in the treatment of neck pain. Within the documentation available for review, there is no statement indicating why the patient would require reduced weight-bearing exercise. Additionally, reduced weight-bearing exercise is usually recommended for knee or low back problems, but not generally utilized for cervical complaints. The requesting physician has not stated why aquatic therapy would be indicated for this patient's current cervical complaints. Additionally, the number of treatments requested (8 sessions) exceeds the initial 6 visit trial recommended by Official Disability Guidelines (ODG). As such, the requested aquatic therapy is not medically necessary.