

Case Number:	CM14-0149982		
Date Assigned:	09/18/2014	Date of Injury:	01/22/2013
Decision Date:	10/17/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/15/2014

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 and 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 patient is a 57-year-old with an injury date of January 22, 2013. Based on the August 6, 2014 progress report by [REDACTED], this patient complains of "constant severe achy, sharp, throbbing neck pain radiating to bilateral trapezium" and the same type of pain from the low back radiating to bilateral thigh knees. Cervical ranges of motion are "decreased and painful: flexion 40/50, extension 50/60, left lateral bending 40/45, right later bending 40/45, left rotation 70/80, right rotation 65/80. Exam shows "tenderness to plapation of the cervical paravertebral muscles, bilateral trapezii, left trapezius, and bilateral upper trapezii," with muscle spasm of the cervical paravertebral muscles. Lumbar exam ranges of motion are also decreased and painful: flexion 45/60, extension, 20/25, left lateral bending 20/25, right lateral bending 20/25. There is tenderness to palpation of the lumbar paravertebral muscles, bilateral SI joints, and bilateral gluteus. Also referenced is an undated MRI of L/S and C/S which "reveals multilevel disc herniations." Work status as of August 6, 2014 is to "remain off work until 6 weeks."

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua therapy, twice weekly for six weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy, Page(s): 22. Decision based on Non-MTUS Citation ODG-TWC, Chapter on Aquatic therapy (online).

Decision rationale: This patient presents with constant severe achy, sharp, throbbing neck pain radiating to bilateral trapezium and also the same pain in the low back radiating to bilateral thighs to the knees. The treater requests aqua therapy 2 x 6 visits. Regarding aquatic therapy, MTUS states: "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." MTUS also allows 9-10 sessions for myalgia/myositis type of symptoms. Summary of therapy based on the reports submitted by the treater, though total number of sessions completed is unknown:-August 19, 2014 physical therapy evaluation by [REDACTED], this patient received physical therapy in from September through November of 2013, as well as acupuncture in August of 2014, though the total number of sessions completed are unknown. -August 6, 2014 progress report notes "acupuncture is helping with his pain."- January 23, 2014 progress report notes this patient was "referred for a course of physical therapy 3 times a week."-January 7, 2014 physical therapy reports "treatment began on September 24, 2013 and treatment has been continuous for a total of 4 supervised visits."-September 18, 2013 treatment plan was for "physical therapy twice a week for six weeks."There is no documentation indicating reduced weight bearing is a medical necessity for this patient to minimize the effects of gravity or as an alternative to land-based physical therapy. Additionally, while non-postoperative MTUS guidelines allow up to 10 sessions for various myalgias and neuralgias, the current request for 12 additional sessions to the 4 already received, would exceed MTUS guidelines for this type of diagnosis. Furthermore, the patient should be able to transition to an active home exercise regimen. Therefore, the request for Aqua therapy, twice weekly for six weeks, is not medically necessary or appropriate.