

Case Number:	CM14-0154422		
Date Assigned:	09/24/2014	Date of Injury:	01/31/2013
Decision Date:	10/27/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/22/2014

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 Family Medicine and is licensed to practice in Ohio. 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:

The injured worker is a 62-year-old female with numerous dates of injury. Her diagnoses include bilateral carpal tunnel syndrome, chronic myofascial pain syndrome of the cervical region, right-sided ulnar nerve entrapment, bilateral shoulder pain, left shoulder impingement syndrome, left-sided partial rotator cuff tear, type II diabetes, and hypertension. Her physical exam is revealed trigger point tenderness in the neck and shoulder musculature with mildly diminished ranges of motion for the cervical spine and the shoulders bilaterally. She has a positive McMurray's and Apley's test of the knees bilaterally. She takes hydrocodone for pain and mirtazapine for depression. Trigger point injections seem to help her the most. She has had aquatic therapy times 12 sessions, the last time being April 14, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy exercises 2 x 6 weeks: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Section, Aquatic Therapy and Physical Medicine Treatment

Decision rationale: 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 the effects of gravity, especially deep water therapy with a floating belt as opposed to shallow water requiring weight bearing, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. Aquatic exercise appears to have some beneficial short-term effects for patients with hip and/or knee osteoarthritis while no long-term effects have been documented. Positive short-term effects include significantly less pain and improved physical function, strength, and quality of life. A randomized controlled trial of the effectiveness of water-based exercise concluded that group-based exercise in water over 1 year can produce significant reduction in pain and improvement in physical function in adults with lower limb arthritis, and may be a useful adjunct in the management of hip and/or knee arthritis. In this instance, the injured worker is not known to have arthritis of the hips or knees. Additionally she has completed 12 sessions of aqua therapy without measurable impact. Therefore, an aquatic therapy exercise 2 x 6 weeks is not medically necessary.