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| Case Number: | CM14-0162824 | | |
| Date Assigned: | 10/08/2014 | Date of Injury: | 11/25/2010 |
| Decision Date: | 12/24/2014 | UR Denial Date: | 09/13/2014 |
| Priority: | Standard | Application Received: | 10/03/2014 |

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 North Carolina. 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 patient is a 49-year-old with a reported date of injury of 11/25/2010. The patient has the diagnoses of cervical spine sprain/strain with radiculopathy, lumbar spine strain/sprain with radiculopathy, left knee chondromalacia and post traumatic headache. Per the progress notes provided for review from the primary treating physician dated 08/27/2014, the patient had complaints of intermittent moderate neck pain with numbness in both arms and low back with radiation to both legs. The physical exam noted cervical spine tenderness with spasm in the right trapezius muscle and a positive cervical distraction test and restricted range of motion. The lumbar spine exam showed tenderness to palpation in the paralumbar muscles with spasm, restricted range of motion and a positive Fabere and Braggard's test. Treatment recommendations included aquatic therapy, NCV/EMG of the upper and lower extremities, MRI of the lumbar spine, medications and neurology consult.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy 2 times a week for 4 weeks for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 58.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines aquatic therapy Page(s): 22.

Decision rationale: The California chronic pain medical treatment guidelines section on aquatic therapy states: Aquatic therapy 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. For recommendations on the number of supervised visits, see Physical medicine. 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. (Tomas-Carus, 2007). The documentation states that the patient is overweight and land based physical therapy are difficult, but here is no provided BMI to tell if the patient is extremely obese. In the absence of such objective documentation, criteria as set forth above per the California MTUS for aquatic therapy have not been met. Therefore the request is not medically necessary.