

Case Number:	CM14-0167773		
Date Assigned:	10/15/2014	Date of Injury:	05/10/2011
Decision Date:	11/18/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/11/2014

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 Occupational Medicine, 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:

According to the submitted documents, this is a 53-year-old man with an injury date of 5/10/11. He fractured C-1 and had fractures of the body of C-5 when he was moving a conveyor belt and it hit the back of his head. The disputed request is 6 sessions of aquatic therapy, which were addressed in a utilization review determination of 10/8/14. That determination indicated that patient had cervical CT scan, MRI, PT and pool therapy. That review noted that there were at least 10 sessions of aquatic treatment between 11/13/13 and 12/18/13. The review letter cited a report of 9/15/14, (not provided for this review) indicating the patient was having constant neck and upper back pain with intermittent numbness in the upper extremities. Neck and thoracic range of motion is restricted, multiple trigger points were present and there was 4/5 weakness in the proximal and bilateral upper extremities. There is some decreased sensation in the right 5th digit. The review noted that the objective functional responses to previous aquatic therapy was not clearly seen in the submitted reports. A 7/21/14 PR-2 from the requesting physician ordered aquatic therapy 2 x 6 weeks in addition to medications and recommendations for stretching exercises. That report noted range of motion of the cervical spine slightly moderately restricted, multiple myofascial trigger points and taut bands, weakness of the proximal muscles of the bilateral upper extremities and decreased sensation in the right 5th digit. Diagnoses were status post fracture of C-1, status post multiple fragmentation/fractures of body of C-5, acute cervical spine injury, chronic myofascial pain syndrome cervical and thoracic spine, insomnia due to pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) sessions of aquatic therapy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Aquatic Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy, Physical medicine Page(s): 22, 98-99.

Decision rationale: There is no mention why patient is being referred for aquatic therapy. Guidelines state that this is considered to be an optional form of exercise therapy because it can minimize the effects of gravity. It is specifically recommended where reduced weight bearing is desirable such as with extreme obesity. In this case, the body part being addressed is the neck and only weight the neck is bearing is the head. Therefore the reduced weight bearing rationale does not apply. Additionally, it's clear this patient has already had treatment with aquatic therapy and there is no evidence that there's been any objective functional improvement as the patient continues to take the same medications and continues to complain of the ongoing chronic pain. Therefore, based upon the evidence and the guidelines is not considered to be medically necessary.