

Case Number:	CM14-0090477		
Date Assigned:	07/23/2014	Date of Injury:	08/30/2010
Decision Date:	09/03/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/16/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 66-year-old male with a reported date of injury on 08/30/2010. The mechanism of injury was noted to be repetitive trauma. His diagnoses were noted to include chronic myofascial pain syndrome to the cervical and thoracolumbar spine, bilateral L5 radiculopathy, mild right C6 radiculopathy, 5 mm to 6 mm disc bulge at the C5-6 level, bilateral carpal tunnel syndrome, and right shoulder chronic sprain injury. His previous treatments were noted to include physical therapy, chiropractic care, medications, and trigger point injections. The progress note dated 03/14/2014 revealed the injured worker complained of constant pain, numbness and weakness of both hands. The physical examination revealed the cervical and lumbar spine were slightly restricted with range of motion and there were multiple myofascial trigger points and taut bands noted throughout the cervical paraspinal, trapezius, levator scapular, scalene, infraspinatus, interscapular, thoracic, and lumbar paraspinal musculature as well as gluteal musculature. The Request for Authorization Form dated 01/31/2014 was for aquatic therapy 2 times a week for 6 weeks; however, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy 2x6 Visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 22.

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

Decision rationale: The injured worker has received previous physical therapy and chiropractic care. The California Chronic Pain Medical Treatment Guidelines recommend aquatic therapy as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy can minimize the effects of gravity, so it is specifically recommended where reduced weight-bearing is desirable, for example extreme obesity. Water exercise improved some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercises and higher intensities may be required to preserve most of these gains. The guidelines recommend, for myalgia and myositis, 9 visits to 10 visits over 8 weeks. There is a lack of documentation regarding quantifiable objective functional improvements from previous physical therapy sessions as well as the number of previous sessions completed. The guidelines recommend 9 visits to 10 visits over 8 weeks, and the requested number of 12 sessions exceeds the guideline recommendations. Additionally, there is a lack of documentation recommending reduced weight bearing to warrant aquatic therapy. Therefore, the request is not medically necessary and appropriate.