

Case Number:	CM14-0215602		
Date Assigned:	01/05/2015	Date of Injury:	08/08/2014
Decision Date:	02/24/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/23/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative Medicine

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 52-year-old (date of birth not provided in the submitted records) woman with a date of injury of 08/08/2014. A treating physician note dated 11/05/2014/2014 identified the mechanism of injury as cumulative trauma resulting in numbness and tingling in the right arm and back spasms. This note indicated the worker was experiencing pain in the neck that went into both shoulders, thumbs, and lower back that went into the left buttock. No other clinical records were submitted for review. The documented examination described decreased motion in the upper and lower back joints, mild spasm in the upper and lower back, and mild thumb pain. The submitted and reviewed documentation concluded the worker was suffering from cervical and lumbar strain, bilateral lateral MCP synovitis and thenar tendinitis, and fibromyalgia. Treatment recommendations included medications, a soft cervical collar for use at bedtime, and aqua therapy. A Utilization Review decision was rendered on 12/01/2014 recommending non-certification for a soft cervical collar and an indefinite number of aqua therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soft cervical collar: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175, 181.

Decision rationale: The ACOEM Guidelines support the use of a cervical collar or bracing only for short-term use in the setting of severe problems, such as central cord compression. This treatment has not been shown to have any benefit except for comfort in the first few days following severe injury or conditions. Longer use can result in weakness and can worsen the worker's function. Specifically, this treatment is not recommended for longer than one to two days. The submitted records concluded the worker was suffering from cervical and lumbar strain, bilateral lateral MCP synovitis and thenar tendinitis, and fibromyalgia. There was no discussion describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for a soft cervical collar is not medically necessary.

Aquatic Therapy QTY: 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

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

Decision rationale: The MTUS guidelines support the use of aquatic therapy as an optional form of exercise therapy that is an alternative to land-based treatments. This type of treatment minimizes the effects of gravity and is specifically recommended when reduced weight-bearing is desirable, such as with extreme obesity. Active treatments can restore strength, function, and joint motion and can improve pain severity. The number of sessions should allow for the fading of treatment frequency. Workers are expected to continue self-directed treatments as an extension of therapy. The guidelines recommend eight to ten visits over four weeks for treatment of neuralgia and/or radiculitis and nine to ten visits over eight weeks for treatment of myalgias. The submitted records concluded the worker was suffering from cervical and lumbar strain, bilateral lateral MCP synovitis and thenar tendinitis, and fibromyalgia. The documentation reported the worker had completed an unreported number of physical therapy sessions in 10/2014 without significant carryover. There was no discussion describing a reason additional therapy sessions were expected to be more beneficial than a continued home exercise program. Further, an indefinite number of sessions does not allow for fading to self-directed therapy or account for changes in the worker's condition and care needs. For these reasons, the current request for an indefinite number of aqua therapy sessions is not medically necessary.