

Case Number:	CM15-0014026		
Date Assigned:	02/02/2015	Date of Injury:	09/28/2005
Decision Date:	03/27/2015	UR Denial Date:	01/19/2015
Priority:	Standard	Application Received:	01/24/2015

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: California, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 57-year-old female who reported an injury on 09/28/2005. The mechanism of injury was not provided. Her diagnoses included cervical spinal stenosis, pain in shoulder joint, neck pain. Medications included diclofenac sodium, mirtazapine, hydrocodone/APAP, cyclobenzaprine, Captopril, fish oil, Nifedipine, and Norco. Surgical history included cervical fusion on 09/21/2009. Diagnostic studies included EMG of the upper extremities on 01/21/2013, lumbar spine MRI on 07/26/2012, MRI of the cervical spine on 05/30/2008, and EMG/NCS of the upper extremities, date unknown. Other therapies were noted to include 3 sessions of aquatic therapy. On 12/23/2014, the injured worker was seen for followup visit. She had neck, upper extremity and low back pain. She continued to have back and leg pain and was having knots in her neck and upper back that is making it difficult to sleep. She was unable to finish the remaining 3 sessions of aquatic therapy before surgery. She completed 3 sessions. She would like to restart because she felt that she needs to exercise her back to help with her recovery. On examination, the patient used a cane for ambulation. There were spasms and guarding noted in the lumbar spine. Paravertebral muscle exam on both sides showed tenderness, hypertonicity and showed trigger point on deep palpation. Trapezius muscle examination on both sides showed tenderness, hypertonicity and trigger point on deep palpation. The treatment plan noted that the injured worker continued to have neck, upper back and low back pain. She had cervical epidural steroid injections in the past. She is status post left L5-S1 microdiscectomy on 11/06/2014. She noted she was having significant back and neck pain with tightness and spasms. The request is for 12 sessions of aquatic therapy to help decrease spasms

and improve flexibility and mobility. She completed 3 out of 6 sessions prior to surgery with benefit. She is on work restriction. Followup in 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Additional session of Physical Therapy aquatic based, for the back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy, Postsurgical Treatment Guidelines Page(s): 26-27.

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

Decision rationale: The request for 12 additional session of physical therapy aquatic based for the back is not supported. The injured worker has a history of back pain. The Chronic Pain Medical Treatment (MTUS) Guidelines 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. The request exceeds the postoperative physical therapy guidelines recommendation. Initial course of 6 visits with functional improvement is recommended. However, aquatic therapy is recommended for patients that are non-weight bearing. There is lack of documentation that the patient is non weight bearing. The request is not medically necessary.