

Case Number:	CM15-0113259		
Date Assigned:	06/19/2015	Date of Injury:	05/11/2009
Decision Date:	07/20/2015	UR Denial Date:	05/16/2015
Priority:	Standard	Application Received:	06/11/2015

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

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 38 year old female who sustained an industrial injury on 5/11/09. Diagnoses include headache, post-traumatic, chronic, cervical musculoligamentous injury, neuro foraminal narrowing, cervical myofascitis, bilateral carpal tunnel syndrome per electromyography and nerve conduction velocity study, thoracic disc protrusion with canal stenosis, thoracic myofascitis, thoracic radiculitis versus radiculopathy, lumbar posterior disc protrusion with annular tear and neural foraminal narrowing, lumbar myofascitis, lumbar radiculitis versus radiculopathy, right shoulder sprain/strain, right rotator cuff tear of right shoulder per MRI, loss of sleep, and psych component. In a progress note dated 4/23/15, her treating physician reports complaints of constant moderate 7/10 achy headache. She also reports constant moderate 7/10 achy neck pain radiating to both shoulders, constant moderate 6/10 achy upper/mid back pain, constant moderate 7/10 sharp, stabbing, throbbing, low back pain radiating to the tail bone, and constant moderate 6/10 sharp right shoulder pain. Objective findings note dermatome sensation is intact and motor strength is 5+/5 bilaterally in both upper and lower extremities. Cervical ranges of motion are decreased and painful, there is 3+ tenderness to palpation and muscle spasm of the cervical paravertebral muscles. Cervical compression causes pain. Shoulder depression causes pain bilaterally. There is 3+ tenderness to palpation and muscle spasm of the lumbar paravertebral muscles. Kemp's test and sitting straight leg raise cause pain bilaterally. Valsava's causes pain. Right shoulder ranges of motion are decreased and painful with 3+ tenderness to palpation of the anterior and lateral shoulder and Neer's and Hawkin's tests causes pain. Work status is noted as return to modified work

4/24/15. The treatment plan is to continue aqua therapy for an additional 12 sessions. The number of visits to date is not noted. The requested treatment is 12 sessions of aquatic therapy for cervical spine and right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of aquatic therapy for cervical spine and right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, pages 98-99.

Decision rationale: Aquatic Therapy does not seem appropriate, as the patient has received land-based Physical therapy. There is no records indicating intolerance of treatment, incapable of making same gains with land-based program nor is there any medical diagnosis or indication to require Aqua therapy at this time. The patient is not status-post recent lumbar or knee surgery nor is there diagnosis of morbid obesity requiring gentle aquatic rehabilitation with passive modalities and should have the knowledge to continue with functional improvement with a Home exercise program. The patient has completed formal sessions of PT and there is nothing submitted to indicate functional improvement from treatment already rendered. There is no report of new acute injuries that would require a change in the functional restoration program. There is no report of acute flare-up and the patient has been instructed on a home exercise program for this injury. Per Guidelines, physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and work status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. Submitted reports have not adequately demonstrated the indication to support for the pool therapy. The 12 sessions of aquatic therapy for cervical spine and right shoulder is not medically necessary and appropriate.