

Case Number:	CM15-0116261		
Date Assigned:	06/24/2015	Date of Injury:	08/14/2012
Decision Date:	07/23/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/16/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 (IW) is a 31-year-old female who sustained an industrial injury on 08/14/2012. Diagnoses include lumbosacral neuritis NOS; myalgia and myositis NOS; lumbosacral spondylosis; fibromyalgia; DeQuervain's tenosynovitis; and carpal tunnel syndrome. Treatment to date has included medications, physical therapy, acupuncture, massage therapy, bracing, chiropractic care and heat/ice treatment. She stated physical therapy, Celebrex and Tylenol were not helpful. According to the progress notes dated 5/1/15, the IW reported she still had electrical pain in her legs, making it hard to get up, walk and drive. She was having difficulty working part time and commuting. She rated her lumbar spine pain 9/10, her thoracic spine pain 8/10 and her left wrist pain 9/10. She stopped taking Lyrica due to side effects of dizziness and nausea. No examination was documented. MRI of the lumbar spine on 10/9/12 showed multiple level facet joint arthropathy and multiple level disc protrusion; the MRI on 1/26/15 was unremarkable. Electrodiagnostic testing of the lower extremities on 5/7/13 was normal. A request was made for aqua therapy twice a week for four weeks due to physical therapy increasing her pain and eight sessions of chiropractic for the lumbar spine and left wrist due to past benefit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua Therapy: 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 aqua therapy Page(s): 22.

Decision rationale: Aquatic therapy is 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 length of treatment recommended is up to 8 sessions. In this case, there is not an indication of inability to perform land-based exercises. The claimant had completed prior land based physical therapy. Therefore, the request for aqua therapy as above is not medically necessary.

Chiro, 8 sessions, Lumbar spine, Left Wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy Page(s): 58.

Decision rationale: According to the MTUS guidelines, Chiropractic therapy is considered manual therapy. It is recommended for chronic musculoskeletal pain. For Low back pain, therapeutic care is for 6 visits over 2 weeks with functional improvement up to a maximum of 18 visits over 8 weeks. The therapeutic benefit of the modalities was not specified. As a result, additional chiropractor therapy is not necessary. It is not recommended for the hand. In this case, the request was for the back and wrists. The claimant had been going to physical therapy. The request for chiropractor therapy for the wrist is not recommended and therefore the request above is not medically necessary.