

Case Number:	CM15-0173256		
Date Assigned:	09/15/2015	Date of Injury:	09/10/2013
Decision Date:	10/14/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	09/02/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 34 year old female who sustained an industrial injury on 09-10-2013. Current diagnoses include cervicgia, pain in thoracic spine, lumbago, and chronic pain due to trauma. Report dated 08-03-2015 noted that the injured worker presented with complaints that included pain throughout her neck and back. It was documented prior treatments have not helped. The physician documented that symptoms decrease with rest, heat application, cold application, cannabis, and gabapentin. The physician documented that there has been no significant change, although aquatic therapy, which is ongoing has been somewhat helpful. Physical examination performed on 08-03-2015 revealed tenderness with guarding over the bilateral splenius capitis-cervicis muscles, facet joints, medial scapular muscles, and upper trapezius muscles, range of motion of the neck is limited to stiffness, tenderness with guarding to palpation bilaterally at the mid thoracic level, tenderness with guarding over the paralumbar extensors and facet joints, and lumbar range of motion is limited due to pain-stiffness, pain on extremes of motion (including positive facet loading). Previous treatments included medications, physical therapy, other therapy services, trigger point injections, functional restoration program, 6 sessions of aquatic therapy, and home exercise program. The treatment plan included continuing home exercises and aquatic therapy, chiropractic pending, use pain medications as needed, and follow up as needed. The injured worker is to continue with work restrictions. Physical therapy progress report dated 08-18-2015 notes that the injured worker has completed 6 sessions of aquatic therapy, there was no patient education performed, and the plan included

continuing with current rehabilitation regimen. The utilization review dated 08-19-2015, non-certified the request for water therapy 2x3 for the cervical spine and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Water therapy 2 times a week for 3 weeks for the C/S and LS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, and Postsurgical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Medicine Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy, Physical Medicine.

Decision rationale: Water therapy 2 times a week for 3 weeks for the C/S and LS is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land based physical therapy for conditions such as extreme obesity. The MTUS physical medicine guidelines recommend up to 10 therapy visits for this condition. The patient has participated in extensive prior PT for her condition including completing a functional restoration program. This patient should be versed in a home exercise program by now. There are no extenuating factors that make 6 more sessions of water therapy medically necessary.