

Case Number:	CM15-0174208		
Date Assigned:	09/16/2015	Date of Injury:	11/21/1983
Decision Date:	10/16/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/03/2015

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: North Carolina

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 was a 61 year old male, who sustained an industrial injury, November 21, 1983. According to progress note of August 13, 2015, the injured worker's chief complaint was neck and upper shoulder pain. The pain was described as burning, achy, shooting, throbbing, tingling, radiating, pressure, numbing, cramping and deep. The pain was rated at 7 out of 10, least amount of pain was 6-7 out of 10 and the average pain was 9-10 out of 10. The pain was better with medication and physical therapy. There was joint pain and stiffness with muscle weakness. The injured worker was unable to sleep. The physical exam noted neck with decreased painful range of motion. The injured worker was undergoing treatment for chronic pain syndrome with chronic opiate use, cervical spine status post multiple cervical spine surgeries, with resultant fusion from C3-C6, cervical post laminectomy syndrome and bilateral cervical radiculopathy and myofascial pain. The injured worker previously received the following treatments Subsys, Oxycodone, Ambien, Lyrica, Exalog, physical therapy. The RFA (request for authorization) dated August 20, 2015: the following treatments were requested aqua therapy 2 times a week for 3 weeks for the neck to develop an independent exercise program. The UR (utilization review board) denied certification on August 27, 2015: for aqua therapy due to the necessity for the aqua therapy was not clearly established, as the guidelines indicate aqua therapy was recommended as an optional form of exercise therapy as an alternative to land therapy to minimize the effects of gravity. The determination was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua therapy 2 x week x 3 weeks for the neck: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

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

Decision rationale: The California chronic pain medical treatment guidelines section on aquatic therapy states: Aquatic therapy - 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. For recommendations on the number of supervised visits, see Physical medicine. Water exercise improved some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities may be required to preserve most of these gains. (Tomas-Carus, 2007) There is no indication in the provided documentation that this patient has a condition such as extreme obesity that would preclude the patient from land-based physical therapy. For these reasons, criteria have not been met for the requested service and it is not medically necessary.