

Case Number:	CM15-0179943		
Date Assigned:	09/21/2015	Date of Injury:	12/22/2009
Decision Date:	10/29/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/14/2015

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: Georgia, California, Texas

Certification(s)/Specialty: Preventive Medicine, Occupational 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 60 year old female with an industrial injury dated 12-22-2009. Medical record review indicate she is being treated for cervical radiculopathy, chronic pain, lumbar radiculopathy, left hip pain, left sided sacroiliac pain, right shoulder pain and status post left shoulder surgery. The progress report dated 08-11-2015 noted the injured worker presented with neck pain radiating down bilateral upper extremities and low back pain radiating down the bilateral lower extremities. The pain rating is documented as 9 out of 10 on average with medications since last visit and 10 out of 10 on average without medications. The treating physician documents the injured worker's pain is "unchanged since her last visit." Physical examination performed on 08-11-2015 revealed vertebral tenderness in the cervical spine (cervical 4-7) with myofascial trigger points with twitch response noted in the right trapezius muscle. The range of motion of the cervical spine was "moderately" limited due to pain. Pain was "significantly" increased with flexion and extension. Physical exam of lumbar spine is documented as showing tenderness upon palpation of the left sacroiliac joint with limited range of motion of the lumbar spine secondary to pain. Tenderness was noted on palpation of the right shoulder with decreased range of motion due to pain. She was working full time with restrictions. Prior treatment is documented as transforaminal epidural steroid injection at bilateral lumbar 4-sacral 1 with greater than 80% overall improvement. The provider documents with the use of current medication and periodic myofascial trigger point injections "the patient reports 80% improvement due to this therapy." In the 08-07-2015 note the treating physician documented the injured worker had "three of six" (therapy) sessions for her left shoulder. The

treating physician was requesting aqua pool therapy for lumbar spine 1-2 times per week for 4 weeks. The treating physician documents the following: "The patient requires the buoyant effect of water. The patient reports no prior aquatic therapy with requested body part. Functional limitations exist which would reduce the effectiveness of land based therapy." The treatment request is for aqua therapy 2 times a week for 4 weeks. On 08-20-2015 the request is for aqua therapy 2 times a week for 4 weeks was non-certified by utilization therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua Therapy 2 times a week for 4 weeks: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: MTUS supports aquatic therapy as an optional form of physical therapy, when reduced weight bearing is desired. No previous aquatic therapy is documented. Based upon the documented clinical findings a trial of aquatic therapy is reasonable and medically necessary. MTUS would support up to 10 PT sessions, including aquatic therapy, for this condition. The requested aquatic therapy is consistent with MTUS recommendations.