

Case Number:	CM15-0027741		
Date Assigned:	02/20/2015	Date of Injury:	10/24/2007
Decision Date:	04/03/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/13/2015

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 57 year old male, who sustained an industrial injury on 10/24/07. He has reported head injury. The diagnoses have included chronic migraine, posttraumatic headache, marijuana dependence and cervicgia. Treatment to date has included physical therapy, home exercise program and oral medications. Currently, the injured worker complains of neck pain, worse at night and would like to start water therapy. Progress note dated 1/14/15 noted no change in headaches. On 1/23/15 Utilization Review non-certified a health club membership for one year, noting the gym membership would not have monitored outcomes, there medical necessity was not established. The MTUS, ACOEM Guidelines, was cited. The injured worker submitted an application for IMR for review of health club membership for one year.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy/water exercise, 2 months at gym, unlisted frequency, duration or number of visits for the cervical spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Physical medicine Page(s): 22, 98-99.

Decision rationale: The patient presents with unrated neck pain -worse at night- with associated sleep disruption and unspecified numbness to the upper extremities upon waking. The patient's date of injury is 10/24/07. Patient has no documented surgical history directed at this complaint. The request is for aquatic therapy/water exercise 2 months at gym, unlisted frequency, duration or number of visits for the cervical spine. The RFA is dated 01/15/15. Physical examination dated 01/14/15 does not include any positive pertinent examination findings, only a review of case history and medications. The patient is currently prescribed Cymbalta, Gabapentin, Medical Cannabis, Ritalin, Doxepin, Anaprox, Vitamin D supplement, and Verapamil. Diagnostic imaging was not included. Patient's current work status is not specified. MTUS Guidelines, page 22, under Aquatic therapy states: "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." MTUS Guidelines, pages 98-99, under Physical Medicine: "Allow for fading of treatment frequency - from up to 3 visits per week to 1 or less-, plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified: 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified, 8-10 visits over 4 weeks. Reflex sympathetic dystrophy: 24 visits over 16 weeks". In regards to the request for two months of aquatic therapy sessions, the treater has specified an excessive number of sessions and has not provided a reason for the request. This patient weighs 193 pounds and stands 6'1", a calculated BMI of 25.5. Aquatic therapy is indicated for patients whose weight makes traditional physical therapy excessively difficult, this patient is not overweight or obese. While there is no mention of previous aquatic/physical therapy sessions or efficacy to date, there is no discussion provided as to why this patient is unable to participate in traditional physical therapy. Furthermore, a two month gym membership does not constitute supervised aquatic therapy and cannot be medically substantiated. Therefore, this request IS NOT medically necessary.