

Case Number:	CM15-0064058		
Date Assigned:	04/10/2015	Date of Injury:	10/10/2011
Decision Date:	05/08/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	04/03/2015

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 is a 49-year-old female, with a reported date of injury of 10/10/2011. The diagnoses include cervical herniated nucleus pulposus, lumbar herniated nucleus pulposus, and right shoulder impingement. Treatments to date have included an MRI of the lumbar spine, an MRI of the cervical spine, an MRI of the right shoulder, electrodiagnostic studies, chiropractic therapy, cervical epidurography and epidural injection, right shoulder arthroscopy, and lumbar epidurography with epidural steroid injection. The progress report dated 03/06/2015 indicates that the injured worker had continued soreness and pain with range of motion. The objective findings include positive spasm of the trapezius muscles, tenderness to palpation of the cervical spine, tenderness to palpation of the lumbar paraspinal muscles, lumbar paraspinal spasm, pain with lumbar flexion and extension, and no improvement with land therapy. The treating physician requested twelve aquatic therapy sessions for the cervical spine, lumbar spine, and right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 aquatic therapy sessions for the cervical spine, lumbar spine and right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 12 Low Back

Complaints, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation, Online Edition Chapter: Neck & Upper Back (Acute & Chronic); Low Back - Lumbar & Thoracic (Acute & Chronic); Shoulder (Acute & Chronic) Physical Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines aquatherapy Page(s): 22.

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) The patient does not meet criteria as outlined above for aquatic therapy. Therefore the request is not medically necessary.