

Case Number:	CM13-0018071		
Date Assigned:	11/06/2013	Date of Injury:	03/29/1995
Decision Date:	01/16/2014	UR Denial Date:	08/09/2013
Priority:	Standard	Application Received:	08/29/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Oklahoma and Texas. 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 physician 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/services.

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 patient is 63-year-old female who reported injury on 03/29/1995. The mechanism of injury was stated to be the patient had a box weighing approximately 35 pounds and started kicking it with her foot every day injuring her left foot and increasing her neck pain. The patient was noted to have neck pain with constant numbness and tingling down both upper extremities, and the patient has severe limitations in range of motion due to the neck pain. The diagnoses are noted to include neck pain status post fusion of C5, C6 and C7 in 03/2000 and fusion of C4 and C5 in 12/2012 as well as left foot pain status post surgical repair times 2. The request was made for aquatic therapy 2 times a week times 6 weeks for the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy two (2) times a week times six (6) weeks, cervical: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22.

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

Decision rationale: California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, Aquatic Therapy, page 22, Physical Medicine, page 98, 99 California MTUS guidelines recommend aquatic therapy as an optional form of exercise therapy that is specifically recommended where reduced weight bearing is desirable. The guidelines indicate the treatment

for Myalgia and myositis is 9-10 visits and for Neuralgia, neuritis, and radiculitis, it is 8-10 visits. The clinical documentation submitted for review indicated the patient had complaints of neck pain with constant numbness and tingling down both upper extremities. The patient's neck pain was stated to be 10+/10. The exacerbating factor was noted to be moving her arms and walking. The patient was noted to have minimal range of motion and tenderness throughout the cervical spine. The muscle testing was noted to be 4/5 on the bilateral upper arms and it was noted the patient gives away secondary to pain. It was noted to be 4/5 on the left foot as well. The patient was noted to have a positive Hoffmann's on the right hand. The rest of the neurological examination was noted to be within normal limits. The treatment plan was noted to be physical therapy for the cervical spine 2 times a week for 6 weeks for a total of 12 sessions to increase mobility and strength. The clinical documentation submitted for review while indicating the patient needed physical therapy, failed to provide prior treatments had been given to the patient and the patient's response to them. Additionally, clinical documentation failed to provide the patient had a necessity for reduced weight-bearing and there was a lack of clarification as per the office note dated 07/22/2013 and the request was for physical therapy and the submitted request was noted to be for aquatic therapy. Given the above, the lack of clarification, and the lack of documentation indicating why the patient needs aquatic therapy versus land based therapy, the request for aquatic therapy two (2) times a week times six (6) weeks cervical is not medically necessary.