

Case Number:	CM13-0018275		
Date Assigned:	12/13/2013	Date of Injury:	07/11/2011
Decision Date:	03/11/2014	UR Denial Date:	07/31/2013
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 & Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 a 59 year old male with a date of injury of 07/11/2011. The listed diagnoses per [REDACTED] dated 07/03/2013 are: 1. Cervical musculoligamentous injury 2. Cervical Myofascitis 3. Cervical disc protrusion per MRI 4. Loss of sleep According to report dated 07/03/2013 by [REDACTED] the patient presents with "activity-dependent sharp 6/10 throbbing neck pain radiating to bilateral shoulders." Examination reveals cervical range of motion are decreased (flexion 45/50, extension 50/60, left lateral bending 40/45, right lateral bending 40/45, left rotation 75/80 and right 75/80. There is +3 tenderness to palpation and muscle spasms of the cervical paravertebral muscles. Treater is requesting 12 aquatic therapy sessions for the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) Aquatic therapy for the cervical spine, 2 times a week for 6 weeks as an outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) -<https://acoempracguides.org/Cervical> and Thoracic Spine; Table 2, Summary of Recommendations, Cervical and Thoracic Spine Disorders and American College of Occupational and Environmental Medicine

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

Decision rationale: This patient presents with neck pain that radiates into bilateral shoulders. Treater is requesting 12 aquatic therapy sessions. The MTUS guidelines pg 22 recommends aquatic therapy as an option for land-based physical therapy in patients that could benefit from decreased weight-bearing. For number of treatments, the MTUS pg 98, 99 under physical medicine section states that 9-10 sessions are indicated for various myalgia, myositis and neuralgia type symptoms. Physical therapy discharge summary dated 02/12/2013 states patient has completed "a total of 7 supervised visits" and "has attained maximum benefit from physical therapy. Therefore, the patient will be discharged." In this case, the treater's request for 12 aquatic sessions would exceed what is recommended by MTUS guidelines. Furthermore, this patient does not have any weight-bearing restrictions that would warrant aquatic therapy. Recommendation is for denial.