

Case Number:	CM13-0019194		
Date Assigned:	11/08/2013	Date of Injury:	11/14/1997
Decision Date:	08/14/2014	UR Denial Date:	08/20/2013
Priority:	Standard	Application Received:	09/03/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine 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 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/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:

This is a patient with a date of injury of November 14, 1997. A utilization review determination dated August 20, 2013 recommends noncertification for aquatic therapy for 3 months. A progress report dated July 16, 2013 identifies subjective complaints of neck pain, bilateral arm pain, and leg pain. The note indicates that the patient continues to go to pool therapy and has an independent exercise program. The note indicates that the patient has gone 5 times in June, 5 times in May, and 3 times in April. The patient states that pool therapy is valuable in maintaining his activities of daily living, functional capacity, and range of motion in his neck. Physical examination findings reveal 85% decreased range of motion in the cervical spine with normal strength in normal sensation in the upper extremities. The diagnoses include post laminectomy syndrome in the cervical spine, degenerative cervical disc disease, cervical radiculitis, and cervicgia. The treatment plan recommends continuing with the current medications and follow-up in one month. A progress report dated June 18, 2013 includes a treatment plan recommending continued Aqua therapy for 3 months to maintain his function and optimize it until surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

AQUATIC THERAPY FOR THREE (3) MONTHS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22,99.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173, Chronic Pain Treatment Guidelines 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 22, 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter, Physical Therapy.

Decision rationale: Regarding the request for aquatic therapy, Chronic Pain Treatment Guidelines state that aquatic therapy is recommended as an optional form of exercise therapy where available as an alternative to land-based physical therapy. They go on to state that it is specifically recommended whenever reduced weight bearing is desirable, for example extreme obesity. Guidelines go on to state that for the recommendation on the number of supervised visits, see physical therapy guidelines. ODG recommends a maximum of 9 visits of physical therapy over 8 weeks following a 6 visit clinical trial, in the treatment of neck pain. Within the documentation available for review, there is no statement indicating why the patient would require reduced weight-bearing exercise. Additionally, reduced weight-bearing exercise is usually recommended for knee or low back problems, but not generally utilized for cervical complaints. The requesting physician has not stated why aquatic therapy would be indicated for this patient's current cervical complaints. In the absence of clarity regarding those issues, the currently requested aquatic therapy is not medically necessary.