

<b>Case Number:</b>	CM13-0041821		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	03/12/2007
<b>Decision Date:</b>	04/21/2014	<b>UR Denial Date:</b>	09/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2013

### 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 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 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:

The patient is a 54 year old female with date of injury of 3/12/07. The listed diagnoses are status post prior anterior cervical discectomy and fusion, and re-exploration of previous fusion, and hardware removal followed by new fusion at C6-7 on 8/13/13. According to the progress report by [REDACTED] dated 9/17/13, the patient presents with neck stiffness. Her neck pain and swelling has decreased. Her right hand still has a lot of numbness and tingling. She still wears a brace. Examination of the neck shows that motion is still very much restricted. Neurologically, there were no reflexes consistent with cord compression. Her overall condition is getting better. The treating physician is requesting 24 post-operative 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:

**24 POST OPERATIVE AQUATIC THERAPY OF THE LUMBAR SPINE (3) TIMES A WEEK FOR (8) WEEKS AS AN OUT PATIENT:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

**Decision rationale:** This patient is status post hardware removal followed by a new fusion at C6-7 on 8/13/13. The request is for 24 sessions of post-op aquatic therapy for the lumbar spine. Given that the patient clearly has had surgery to the cervical spine, this review was conducted for therapy following that surgery. The utilization review letter dated 9/30/13 denied the request stating that there were no updated medical records indicating the nature and type of surgery provided, or the claimant's current deficits with respect to range of motion, strength or specific goals with respect to activity or work-related issues. The MTUS recommends aquatic therapy as an option for land-based physical therapy in patients that could benefit from decreased weight-bearing, such as in the case of extreme obesity. For the number of treatments, MTUS postsurgical guidelines for fusion in the cervical spine recommend 24 visits over 16 weeks. A review of the records do not show any recent therapy reports to verify how much treatments and with what results were accomplished. In this case, MTUS guidelines allow aqua therapy for those who cannot tolerate land-based therapy, and, given the patient's recent cervical spine fusion surgery, up to 24 sessions are allowed. The request is certified.