

Case Number:	CM13-0058962		
Date Assigned:	12/30/2013	Date of Injury:	09/16/2009
Decision Date:	04/14/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/27/2013

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 Orthopedic Surgery, 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 55-year-old female who sustained an injury to the cervical spine on 9/16/09. A progress report from 10/17/13 documented that the claimant was awaiting authorization for a two-level anterior cervical discectomy and fusion at the C4 through C6 levels due to ongoing radicular complaints and failed conservative measures. Documentation indicated that utilization review approving the surgical process. A specific request for 18 sessions of aquatic therapy is being recommended in the initial postoperative setting after the claimant's cervical procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

POSTOPERATIVE AQUA THERAPY THREE TIMES A WEEK FOR SIX WEEKS:

Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: There is no documentation in the records provided for review to explain why aquatic therapy would be necessary, or why this claimant would be unable to perform traditional land-based therapeutic modalities after the two-level cervical fusion. Therefore, the

specific request in this case cannot be recommended based upon the records provided for review and the California MTUS Guidelines.