

Case Number:	CM14-0108309		
Date Assigned:	08/01/2014	Date of Injury:	07/29/2004
Decision Date:	10/03/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	07/11/2014

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 Internal 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:

The injured worker is a 62 year old female whose date of injury is 07/29/04. The mechanism of injury is not described, but the injured worker is noted to be status post ACDF C5-6 and C6-7 with instrumentation done in 04/2009. The injured worker was seen on 05/07/14 with complaints of neck pain radiating to the left upper extremity. She also complains of low back pain and leg pain. Examination relevant to the cervical spine reported that motion of the neck causes painful symptoms. There is tenderness in the left and right paracervical as well as trapezius, with spasm. There is evidence of muscle spasm at the cervical spine. Sensation was decreased on the left at C6 and C7. Treatment plan included referral for MRI of the cervical spine; referral to transfer remaining 8 authorized sessions of physical therapy to aquatic modalities as the injured worker is not tolerating land therapy well at this time, and she would benefit from the weightlessness of the aquatic environment which should allow her to more fully participate in therapy. The injured worker was prescribed Norco; Ambien; and Prilosec. Per PR-2 report dated 06/18/14, the injured worker is pending cervical MRI which has been authorized.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy x 8 (Cervical): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy (Tomas-Carus, 2007).

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

Decision rationale: CA MTUS provides that aquatic therapy is an optional form of exercise therapy that can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable. It is noted that the injured worker is not tolerating land therapy well; however, no physical therapy progress reports were submitted for review documenting the total number of therapy visits completed to date, modalities used, and response to treatment. There is no clear evidence of symptomatology that would necessitate reduced weight bearing via aquatic versus land-based therapy. It is unclear if the injured worker's current clinical presentation represents any new developments or if it dates back to prior to surgical intervention. Based on the clinical information provided, the request for Aquatic therapy x 8 (Cervical) is not medically necessary.