

Case Number:	CM14-0010398		
Date Assigned:	04/25/2014	Date of Injury:	12/15/2011
Decision Date:	05/29/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	01/27/2014

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 Occupational 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 patient is an employee of [REDACTED] and has submitted a claim for displacement of cervical intervertebral disc without myelopathy, and cervical spondylosis with myelopathy associated with an industrial injury date of 12/15/2011. The treatment to date has included anterior cervical discectomy with decompression of the spinal canal neural foramina at C7-T1 on 09/19/2013, bone growth stimulator, use of H-wave unit, physical therapy, and medications such as gabapentin, Lyrica, Neurontin, Ambien, Robaxin, and Ultracet. Medical records from 2013 to 2014 were reviewed showing that patient complained of neck pain associated with numbness and difficulty flexing his left little finger. He had poor tolerance or endurance in his work. He had difficulty holding objects with his left hand. Symptoms were aggravated with extension and bending of his neck. He likewise complained of insomnia. His surgical incisions were healed. Range of motion of right shoulder towards abduction was less than 70 degrees and approximately 80 degrees towards flexion. Both Spurling's test and Tinnel's test were equivocal. Phalen's test was negative. Deep tendon reflexes were equal and symmetric. Sensation was diminished distally along the ulnar distribution of left hand. Gait was normal. The utilization review from 01/22/2014 denied the request for continuation of aquatic physical therapy 2x4 to the cervical spine due to lack of documentation of intolerance to land-based therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONTINUATION OF AQUATIC PHYSICAL THERAPY 2 X 4 TO THE CERVICAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22-23.

Decision rationale: As stated on pages 22-23 of the California MTUS Chronic Pain Medical Treatment Guidelines, aquatic therapy is recommended as an alternative to land-based physical therapy where reduced weight bearing is desirable such as extreme obesity or fractures of the lower extremity. In this case, progress report written on 10/30/2013 cited that the patient weighed 207 lbs. However, there was no data on height; thus, body mass index cannot be derived. It is unknown if the patient has obesity. There was no documented evidence of comprehensive physical examination performed and functional deficits warranting aquatic therapy. Furthermore, there was no indication why the employee could not participate in a land-based physical therapy program. It is less clear if the patient has already started aquatic therapy, and the functional outcomes derived from it due to lack of documentation. Therefore, the request for continuation of aquatic physical therapy 2x4 to the cervical spine is not medically necessary.