

<b>Case Number:</b>	CM14-0110890		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	12/19/2013
<b>Decision Date:</b>	09/12/2014	<b>UR Denial Date:</b>	06/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/15/2014

### 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 Orthopedic Surgery, and is licensed to practice in Texas. 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 54 year-old male who reported an injury on 12/19/2013. The mechanism of injury was not provided. The prior treatment included therapy and epidural steroid injections. The documentation submitted for review indicated the injured worker was approved an anterior cervical discectomy, decompression, and instrumented fusion, autograft, allograft, synthetic graft, bone marrow aspiration, iliac bone graft at the level of C5-6 with neuromonitoring and land therapy for 12 visits. The diagnoses included intervertebral disc disorder, degeneration of cervical intervertebral discs.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Inpatient hospital stay:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hospital Length of stay (LOS), upper Back & Neck Procedure Summary.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back, Hospital Length of Stay (LOS).

**Decision rationale:** The Official Disability Guidelines indicate the recommended stay for a cervical discectomy/fusion is 1 day. The request as submitted failed to indicate whether the request was for 2 or 3 nights. The surgical procedure was approved. Given the above, the request for 2 to 3 night hospital stay is not medically necessary.

**Aquatic Therapy 2 times a week for 4 weeks:** 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, Postsurgical Treatment Guidelines Page(s): 26.

**Decision rationale:** The MTUS guidelines recommend aquatic therapy as an optional form of exercise therapy, specifically recommended where reduced weight bearing is desirable. While typically the physical medicine treatment guidelines would apply, the injured worker was noted to be postsurgical, which would support the use of the postsurgical guidelines, which indicate after a fusion, 24 visits are appropriate for land therapy and the initial therapy is half the number of the recommended course of therapy. The clinical documentation submitted for review indicated the injured worker had been approved for 12 sessions of land therapy. There was a lack of documentation indicating a necessity for both land therapy and aquatic therapy. There was a lack of documentation indicating the injured worker had a necessity for reduced weight bearing. There was no documented rationale for the request. Given the above, the request for aquatic therapy 2 times a week times 4 weeks is not medically necessary.