

Case Number:	CM14-0153389		
Date Assigned:	09/23/2014	Date of Injury:	03/18/2013
Decision Date:	12/15/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/19/2014

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 Georgia. 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 52-year-old male who reported an injury on 03/18/2013. The mechanism of injury was not provided. His diagnoses were noted as post cervical fusion symptoms. His past treatments were noted to include medication, H-Wave unit, and a home exercise program. He is status post anterior cervical discectomy and fusion dated 06/12/2013. During the assessment on 08/06/2014, the injured worker complained of pain in his neck that occasionally radiated down the arms bilaterally. The physical examination revealed decreased range of motion. His motor strength and sensation were normal bilaterally. His medications were noted to include Norco and Ambien. The treatment plan was to continue with medication and request aquatic physical therapy. The rationale for the request for aquatic physical therapy was to help alleviate some pain and stiffness in his neck. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x6 (aquatic) to neck, right, shoulder and elbow: 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 Aquatic therapy Page(s): 22.

Decision rationale: The request for physical therapy 2x6 (aquatic) to neck, right, shoulder, and elbow is not medically necessary. The California MTUS Guidelines recommend aquatic therapy as an optional form of exercise therapy, where available, as an alternative to land based physical therapy. Water exercise improves some components of health related quality of life, balance, but regular exercise in higher intensities may be required to preserve most of these gains. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The guidelines recommend up to 10 visits over 8 weeks for myalgia and myositis unspecified. The requested 12 visits would exceed the guideline recommendations. The clinical documentation did not include a detailed assessment of the injured worker's current functional condition, including range of motion and motor strength, which would support the request for physical therapy. There was a lack of documentation indicating whether the injured worker had physical therapy previously with documentation including the number of sessions completed and evidence of significant objective functional improvement with any prior physical therapy. Furthermore, the reasoning for the request for aquatic therapy over land based therapy was not provided. Given the above, the request for physical therapy 2x6 (aquatic) to neck, right shoulder and elbow is not medically necessary.