

Case Number:	CM14-0154150		
Date Assigned:	09/23/2014	Date of Injury:	10/05/2012
Decision Date:	10/24/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/22/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain management, 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:

This is an injured worker with a date of injury of October 5, 2012. A utilization review determination dated August 28, 2014 recommends non-certification of aquatic therapy and physiotherapy for the cervical spine. Non-certification was recommended since the patient was recently certified for 8 visits of aquatic therapy and 6 visits of physical therapy with no documentation of resulting objective functional improvement. A progress report dated August 15, 2014 identifies subjective complaints indicating that the patient had an epidural steroid injection on March 20, 2014 with improved range of motion, and greater than 70% improvement with improved sleep. The patient has begun aquatic exercise for increased joint pain, and has started physical therapy twice a week. Physical examination findings revealed tenderness the palpation around the paracervical musculature and trapezius muscles with positive myofascial trigger points. The patient has 5/5 strength with mildly decreased sensation bilaterally from the neck to the shoulders. Diagnoses include cervical radiculopathy with cervical disc bulges, cervical torticollis, cervical scoliosis, myospasm, lumbar pain, chronic pain, and headaches. The recommended treatment plan is to continue physical therapy and home exercise program, taper Gabapentin, consider a spine surgery consultation, and continue aquatic exercise and physical activity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua Therapy 2 Times per Week Times 4 Weeks (8 Total): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aqua Therapy Page(s): 22, 48, 98-99.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173, Chronic Pain Treatment Guidelines Aquatic therapy and Physical Medicine Page(s): 22 and 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter, Physical Therapy

Decision rationale: Regarding the request for aquatic therapy, the Chronic Pain Medical Treatment Guidelines state that aquatic therapy is recommended as an optional form of exercise therapy where available as an alternative to land-based physical therapy. They go on to state that it is specifically recommended whenever reduced weight-bearing is desirable; for example, in cases of extreme obesity. Guidelines go on to state that for the recommendation on the number of supervised visits, see physical therapy guidelines. ODG recommends a maximum of 9 visits of physical therapy over 8 weeks following a 6 visit clinical trial, in the treatment of neck pain. Within the documentation available for review, there is no statement indicating why the patient would require reduced weight-bearing exercise. Additionally, reduced weight-bearing exercise is usually recommended for knee or low back problems, but not generally utilized for cervical complaints. The requesting physician has not stated why aquatic therapy would be indicated for this patient's current cervical complaints. Finally, there is no documentation of any objective functional improvement from the therapy sessions already provided, as well as ongoing objective functional treatment goals which would be unable to be addressed with an independent program of home exercise. In the absence of clarity regarding those issues, the currently requested aquatic therapy is not medically necessary.

Physiotherapy 2 Times per Week Times 3 Weeks (6 Total): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Improvement Page(s): 48.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter, Physical Therapy

Decision rationale: Regarding the request for additional physical therapy (PT), the Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal

supervised therapy. In light of the above issues, the currently requested additional physical therapy is not medically necessary.