

<b>Case Number:</b>	CM14-0041346		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	07/16/2010
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	03/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2014

### 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 Interventional Spine, 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 a 61 year old with an injury date on 7/16/10. Based on the 9/25/13 progress report provided by [REDACTED] the diagnoses are: 1. SIP hand and neck strain and contusion. 2. Chronic left C7 radiculopathy. 3. Cervicothoracic spine strain. 4. Prior left shoulder rotator cuff repair in 2008. 5. Cervical spine 4.5-Smm disc protrusion at C5-6 and C6-7. 6. Rule out herniated disc thoracic spine. Most recent physical exam on 1/16/14 showed "patient slightly overweight. Upper extremities show diminished sensation in bilateral hands. No sensory/motor deficits. In Romberg, patient has tendency of losing balance. In lower extremities, reflex increased to 3+ bilaterally. No sensory/motor deficit." A 9/25/13 exam also showed: "muscle spasm and tenderness of the cervical paraspinal musculature. Range of motion of the cervical spine is decreased with pain. There is paresthesias along the left arm in the C7-8 distribution." [REDACTED] is requesting post-operative aquatic therapy 3x6 weeks. The utilization review determination being challenged is dated 3/24/14 and certifies right brachial plexus exploration, but rejects post-op aquatic therapy due to lack of documentation of weight-bearing requirement. [REDACTED] is the requesting provider, and he provided treatment reports from 6/5/13 to 6/11/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post operative aquatic therapy 3 x 6 weeks:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22, Postsurgical Treatment Guidelines Page(s): 26, 27.

**Decision rationale:** This patient presents with headaches, confusion, and neck pain. The treating physician has asked for postoperative aquatic therapy 3x6 weeks but the request for authorization is not included in provided reports. On 11/21/12 the patient was diagnosed with possible injuries to brachial plexus. According to utilization review dated 3/24/14, the treating physician requested aqua therapy 3x6 weeks in the same request for authorization with a request for right brachial plexus exploration, and preop clearance, with a "date of knowledge" of 3/17/14. Regarding Brachial plexus lesions (Thoracic outlet syndrome) MTUS postsurgical treatment guidelines allow 20 visits over 10 weeks. Regarding aquatic therapy, MTUS states: "Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity." In this case, the treating physician has asked for 18 aquatic therapy sessions for future brachial plexus exploration surgery, which is reasonable considering patient's overweight status and instability/balance issues resulting from prior brain trauma. Recommendation is for authorization. The request is medically necessary and appropriate.