MAXIMUS Federal Services

Case Number:	CM14-0059602		
Date Assigned:	07/09/2014	Date of Injury:	06/23/2009
Decision Date:	09/18/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/30/2014

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 and is licensed to practice in Texas and Oklahoma. 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 40-year-old female who reported an injury on 06/23/2009 due to a slip in a stairway at work. The injured worker was diagnosed with status post posterior anterior cervical fusion at C4-5, herniated disc at C3-4, depression and anxiety, headaches, and difficulty sleeping. The injured worker has been utilizing medications for pain, has continued with deep breathing meditation for relaxation, utilized home muscle stretching exercises, and utilized aquatic therapy weekly; the aquatic therapy has been paid for by the injured worker. An EMG/NCV was conducted on 05/10/2012, a cervical spine CT scan was conducted on 11/04/2013, on 08/22/2011, a cervical spine CT scan, a cervical spine MRI was conducted on 03/19/2012, and a discogram was performed on 08/22/2011. A cervical spine fusion was performed on 11/10/2011 at C4-5. Prior treatments included cervical epidural steroid injections at C4-5 were conducted on 07/19/2010. On 05/12/2014, the injured worker noted she had constant intractable neck and upper back pain that was controlled with medications so she was able to perform activities of daily living. The pain was ongoing and she remained depressed and anxious, rating her depression at a 10/10. The physician noted cervical range of motion to be moderately restricted in all planes. There were multiple myofascial trigger points and taunt bands noted throughout the cervical paraspinal, trapezius, levator scapular, scalene, infraspinatus, and thoracic paraspinal musculature. The injured worker's medication regimen included tramadol HCL ER, mirtazapine, hydrocodone/APAP, and cyclobenzaprine. The physician instructed the injured worker to continue with deep breathing exercises and home exercises. The physician encouraged the injured worker to continue with aquatic therapy 2 times a week for 6 weeks. The physician was requesting aquatic therapy as the injured worker was paying for the therapy herself. The request for aquatic therapy was to aid in relief of pain and increase range of motion. The request for authorization form was not provided by the physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy, 2 x a week x 6 weeks, Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Aquatic therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy; Physical Medicine Page(s): 22; 98, 99.

Decision rationale: The request for aquatic therapy, 2x a week x6 weeks, cervical spine 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. 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. The guidelines for physical medicine allow for fading of treatment frequency, from up to 3 times per week to 1 or less with the inclusion of active self-directed home physical medicine. The Guidelines recommend 8-10 visits over 4 weeks. The physical exam of the injured worker indicates she is not morbidly obese. The physician also notes with medications the injured worker is able to perform her activities of daily living. There is a lack of documentation indicating the injured worker has had significant objective functional improvement with the prior therapy. Within the provided documentation the requesting physician did not provide a recent complete assessment of the injured worker's objective functional condition in order to demonstrate deficits for which therapy would be indicated. As such, the request is not medically necessary.