

Case Number:	CM14-0086570		
Date Assigned:	07/23/2014	Date of Injury:	09/25/2005
Decision Date:	09/19/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/09/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 65-year-old male who reported an injury on 09/25/2005 when hit by a falling bag of flour. His diagnoses consisted of degeneration of cervical intervertebral disc, cervical disc degeneration and cervical radiculitis. The injured worker has tried previous treatments of ice, the use of NSAIDs, rest, heat application and reported that the pain had improved. The injured worker had an examination on 05/06/2014 with complaints of the neck and right shoulder. He described his pain as dull, achy and stabbing. The pain radiated into the left shoulder and he experienced frequent headaches. On examination it was noted that there was tenderness present to the trapezial area, muscle spasm was not noted. The cervical spine range of motion was restricted in forward flexion, backward extension, right lateral tilt, left lateral tilt and in right rotation and left rotation. There was diminished sensation to touch over the C5 dermatome and over the C6 dermatome. The motor strength measures were 5/5 to the upper extremities. The medication list consisted of Omeprazole, Naproxen, Fioricet And Amitriptyline. The recommended plan of treatment is for the renewal of the medications and the injured worker is waiting for spinal surgery consult and to request for aquatic therapy twice a day times 6 weeks. The Request for Authorization and the rationale were not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Aquatic Therapy sessions, 2x6 Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine / Aquatic therapy Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines aquatic therapy Page(s): 22,99.

Decision rationale: The request for 12 sessions of Aquatic Therapy 2 times 6 for the cervical is not medically necessary. The California MTUS Guidelines recommend aquatic therapy as an optional form of exercise, which can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable. There is no evidence in the documentation that suggests that reduced weight bearing is desirable. Furthermore, the head and neck cannot be immersed into water to obtain benefit of weightlessness. There is lack of evidence to support the medical necessity of aquatic therapy of the cervical spine. Furthermore, the guidelines recommend for therapy to be up to 10 sessions and the request is asking for 12 sessions, which is over the recommended number of sessions. The clinical information fails to meet the evidence based guidelines for this request. Therefore, the request for Aquatic Therapy sessions is occupational therapy is not medically necessary.