

<b>Case Number:</b>	CM14-0090476		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	01/31/2013
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	05/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2014

### 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 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 55-year-old with a January 31, 2013 date of injury. On May 27, 2014 UR denied a request for post-operative aquatic therapy 3x6 because there were no medical reports stating that reduced weight-bearing is needed. As of June 23, 2014 (after the UR decision), the patient has not had any surgeries. The patient has neck pain radiating to the shoulders. The surgeon, [REDACTED] wants to do a 3-level ACDF. The June 23, 2014 QME, [REDACTED] suggested epidural injections then would reevaluate the patient to decide if surgery was necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-operative aquatic therapy three times weekly for six weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines-Neck and Upper Back.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines <Insert Section>, page(s) MTUS pg 98-9 of 127, Page(s): 98-99 OF 127, Postsurgical Treatment Guidelines.

**Decision rationale:** The patient presents with neck pain radiating to the shoulders. The request presented to IMR is for post-op aquatic therapy 3x6. This is complicated as the patient has not

had a surgery, although the surgeon requests a 3-level ACDF. Subsequent to the surgeon's request and the UR decision, the QME, on June 23, 2014 recommended trying an ESI, and then requested to reevaluate the patient before suggesting a surgery. The available records do not show that the patient had the follow-up evaluation with the QME. For cervical fusion, the MTUS post-surgical treatment guidelines state a general course of care is 24 sessions, and the initial course of care is twelve sessions. The Chronic Pain Medical Treatment Guidelines recommend eight to ten physical therapy sessions for various neuralgias. The initial request for physical therapy, three times weekly for six weeks, will exceed both the initial course of care for post-op physical therapy according to the Postsurgical Treatment Guidelines and exceeds the MTUS chronic pain guidelines recommendations. The request for post-operative aquatic therapy three times weekly for six weeks is not medically necessary or appropriate.