

Case Number:	CM13-0014767		
Date Assigned:	11/22/2013	Date of Injury:	04/30/1998
Decision Date:	01/26/2015	UR Denial Date:	07/26/2013
Priority:	Standard	Application Received:	08/21/2013

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 Rehab, 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 76 year old female with an injury date on 4/30/98. The patient complains of dramatically increased cervical pain radiating into the left upper extremity per 7/16/13 report. The patient is doing poorly, and will have to consider a possible surgery according to the treating physician if condition worsens further and doesn't respond to physical therapy per 7/16/13 report. The patient had physical therapy more than 2 years ago, and had tried "spinal injections" which were not helpful per 7/16/13 report. Based on the 7/16/13 progress report provided by the treating physician, the diagnoses are: 1. HNP C5-6 and C6-7. cervical disc degeneration with worsening cervical facet syndrome and spasm. A physical exam on 7/16/13 showed "neck spasms, worsening. 30% of normal flexion/extension in cervical range of motion." The patient's treatment history includes medications, physical therapy (2 years ago), home exercise program (independent gym membership). The treating physician is requesting one year pool therapy membership to the cervical spine as an outpatient (between 7/23/13 and 7/23/14). The utilization review determination being challenged is dated 7/26/13. The requesting physician provided treatment reports from 7/16/13 to 3/28/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

One year pool therapy membership to the cervical spine, as an outpatient (between 7/23/13 and 7/23/14): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: ACOEM: <http://acoempracguides.org/Cervical and Thoracic Spine>

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309, Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck chapter, Gym memberships.

Decision rationale: This patient presents with neck pain, left upper extremity pain. The treating physician has asked for one year pool therapy membership to the cervical spine as an outpatient (between 7/23/13 and 7/23/14) but the requesting progress report is not included in the provided documentation. The patient is a "candidate for a yearly renewal of her independent gym membership, which she can do after the physical therapy is complete" per 7/16/13 report. ACOEM p309 recommends "low-stress aerobic" exercises. MTUS supports water-therapy for situations where decreased weight-bearing is required, such as in extreme obesity. Regarding gym membership, ODG Guidelines only allow in cases where a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. In addition, treatment needs to be monitored and administered by medical professionals. In this case, the patient had a recent flare-up of cervical pain. The patient is being recommended for a course of 8-12 visits of cervical physical therapy, after which the patient's yearly gym membership should be renewed to continue an independent exercise program. There is no documentation, however, of extreme obesity and why reduced weight-bearing exercises are required. There is no medical reason why the patient is not able to perform the necessary exercises on land or at home to improve pain and function. The request IS NOT medically necessary.