

<b>Case Number:</b>	CM14-0204135		
<b>Date Assigned:</b>	01/12/2015	<b>Date of Injury:</b>	10/23/2008
<b>Decision Date:</b>	02/11/2015	<b>UR Denial Date:</b>	11/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2014

### 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 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 67 year old female with an injury date of 10/23/08. Based on the 10/23/14 progress report provided by treating physician, the patient complains of chronic cervical pain rated 10/10, right distal ulnar pain. Patient is status post anterior cervical discectomy and fusion C5 through C7, status post carpal tunnel release. Physical examination dated 10/28/14 notes healed anterior incision, moderate to severe bilateral trapezius tightness and spasm, hypersensitive neck and bilateral arms, positive edema in the trapezius, positive clonus bilaterally, tenderness to palpation across the right trapezius and right cervical facet joints. Neck range of motion was noted as "restricted", details unspecified. Wrist examination "reveals chronic pain post-surgery" with no other significant findings. No diagnostic imaging was included with the report. The patient is currently prescribed Norco and Lidoderm patches. Patient is permanently stationary orthopedically per AME. Diagnosis 10/28/14, 10/14/14:- Status post cervical fusion with slight improvement- Cervical discogenic disease- Chronic cervical spine sprain/strain- Chronic hoarseness of voice possible due to vocal cord trauma- Rule out myelopathy The utilization review determination being challenged is dated 11/05/14. The rationale is "while there was mention of the need for additional aquatic therapy as it reportedly helped, there was no clear detail provided as to how many therapy sessions have been completed to date including functional outcomes." Treatment reports were provided from 06/05/11 to 10/28/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**24 additional sessions of aquatic therapy for the cervical spine, twice a week for 12 months:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Aquatic Therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, aquatic therapy Page(s): 98-99, 22.

**Decision rationale:** The patient presents with chronic cervical pain rated 10/10, right distal ulnar pain. The request is for 24 additional sessions of aquatic therapy for the cervical spine, twice a week for 12 months. Patient is status post anterior cervical discectomy and fusion C5 through C7, status post carpal tunnel release. Physical examination dated 10/28/14 notes healed anterior incision, moderate to severe bilateral trapezius tightness and spasm, hypersensitive neck and bilateral arms, positive edema in the trapezius, positive clonus bilaterally, tenderness to palpation across the right trapezius and right cervical facet joints. Neck range of motion was noted as "restricted", details unspecified. Wrist examination "reveals chronic pain post-surgery" with no other significant findings. No diagnostic imaging was included with the report. The patient is currently prescribed Norco and Lidoderm patches. Patient is permanently stationary orthopedically per AME. MTUS Guidelines, page 22, Chronic Pain Medical Treatment Guidelines: Aquatic therapy "Recommended 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. For recommendations on the number of supervised visits, see Physical medicine." MTUS Guidelines, pages 98-99, Chronic Pain Medical Treatment Guidelines: Physical Medicine "Physical Medicine Guidelines - Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks. Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks". Per MTUS guidelines, aquatic therapy is indicated in cases where a patient requires reduced weight bearing as an alternative to traditional physical therapy, for conditions such as obesity. According to progress notes 10/28/14, patient is 5'1" and weighs 130 pounds, a calculated BMI of 24.6 - placing her in the healthy weight category. Additionally MTUS guidelines indicate 8-10 sessions for conditions such as myalgia and neuralgia, per physical therapy notes dated 05/09/14 through 05/16/14 the patient has already had 3 sessions, therefore the request of 24 additional sessions exceeds MTUS guidelines. This request is not medically necessary.