

<b>Case Number:</b>	CM15-0102133		
<b>Date Assigned:</b>	06/04/2015	<b>Date of Injury:</b>	11/11/2010
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	05/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Emergency Medicine

### 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 (IW) is a 41-year-old male who sustained an industrial injury on 11/11/2010. Diagnoses include cervical disc herniation, C5-C6 with associated left upper extremity radiculopathy and chronic left C6-C7 radiculopathy with left lateral and foraminal C5-C6 disc herniation corresponding to a radicular level. The findings of electro-diagnostic testing on 2/21/14 were consistent with C6-C7 radiculopathy and the cervical MRI dated 4/23/14 showed disc protrusion at C5-C6 with moderate to moderately severe foraminal narrowing. Treatment to date has included medications, activity modification and neck surgery. According to the Agreed Medical Evaluation dated 2/4/15 the IW reported pain in the neck, left shoulder, mid back and left elbow described as intense, knife-like and burning. Pain was aggravated by lying supine, by cold weather and with extensive moving and improved with walking, hot towels and medication. On examination, the cervical spine was non-tender. Range of motion of the cervical spine in degrees was extension-20; Flexion-50; lateral bending right-40; lateral bending left-10; rotation right-45; and rotation left- 45. The IW underwent cervical decompression and disc replacement on 4/21/15. A request was made for eight post-op pool therapy sessions for the neck (cervical spine).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 Post-Op Aquatic Therapy Sessions Neck: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Aquatic Therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy, Page 22 Page(s): 22.

**Decision rationale:** The requested 8 Post-Op Aquatic Therapy Sessions Neck, is not medically necessary. Chronic Pain Medical Treatment Guidelines, Aquatic Therapy, Page 22, note that aquatic therapy is "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." The injured worker has pain in the neck, left shoulder, mid back and left elbow described as intense, knife-like and burning. Pain was aggravated by lying supine, by cold weather and with extensive moving and improved with walking, hot towels and medication. On examination, the cervical spine was non-tender. Range of motion of the cervical spine in degrees was extension-20; Flexion-50; lateral bending right 40; lateral bending left 10; rotation right-45; and rotation left- 45. The IW underwent cervical decompression and disc replacement on 4/21/15. Even though post-op therapy may be indicated, the treating physician has not documented failed land-based therapy nor the patient's inability to tolerate a gravity-resisted therapy program. The treating physician has not documented objective evidence of derived functional benefit from completed aquatic therapy sessions, such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention. The criteria noted above not having been met, 8 Post-Op Aquatic Therapy Sessions Neck is not medically necessary.