MAXIMUS Federal Services

Case Number:	CM15-0191009		
Date Assigned:	10/05/2015	Date of Injury:	01/28/2011
Decision Date:	11/10/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/28/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 is a 39 year old female who sustained an industrial injury on 1-28-2011. A review of medical records indicates the injured worker is being treated for cervical myelopathy. Medical records dated 4-8-2015 noted neck pain and stiffness, with upper extremity weakness, severe occipital headaches, and numbness in both hands. She has been having a hard time keeping balance and has never been able to function normally. Physical examination noted upper extremities showed some diminished sensation in distal parts of both hands. Reflexes were increased bilaterally. Neck was stiff. There were increased reflexes to 4+ bilaterally with no sensory deficit in the lower extremities. In Romberg, she was unstable, having a tendency of falling backwards. Symptoms were consistent with cervical myelopathy. Treatment has included surgery, 21 sessions of physical therapy, Norco, and Excedrin. MRI of the cervical spine revealed advanced cervical canal stenosis due to degenerative disc disease. Utilization review form dated 8-24-2015 modified inpatient x 2-3 days and post-op aqua therapy 3 x 6, total of 18 sessions to the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: length of stay (LOS): inpatient x 2 days: 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), Neck & Upper Back Chapter, Hospital Length of Stay (LOS).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck section, Length of stay (LOS).

Decision rationale: Pursuant to the Official Disability Guidelines, associated surgical service: length of stay (LOS) times two to three days is not medically necessary. The guidelines recommend for cervical fusion, anterior technique: medium one day; mean 2.2 days. Best practice target (no complications) one day. In this case, the injured worker's working diagnosis is cervical myelopathy. Date of injury is January 28, 2011. Request for authorization is August 4, 2015. The documentation shows the injured worker was authorized to undergo C-3-C6 discectomy partial corpectomy the compression of spinal cord followed by fusion. The request states length of stay two-three days. The guidelines recommend two days. Utilization review modified the request two days based on the guideline recommendations. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, and guideline recommendations for a day length of stay, associated surgical service: length of stay (LOS) times two to three days is not medically necessary.

Post-op aqua therapy 3 x 6, total 18 sessions to the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Aquatic therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, postoperative aquatic therapy three times per week times six weeks, 18 sessions to the cervical spine are not medically necessary. Aquatic therapy is recommended as an optional form of exercise therapy, 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. Unsupervised pool use is not aquatic therapy. In this case, the injured worker's working diagnosis is cervical myelopathy. Date of injury is January 28, 2011. Request for authorization is August 4, 2015. The documentation shows the injured worker was authorized to undergo C-3-C6 discectomy partial corpectomy the compression of spinal cord followed by fusion. The treating provider is requesting 18 sessions of aquatic therapy to the cervical spine. It is unclear why aquatic therapy in a non-weight bearing region is preferred over land-based physical therapy. There is no specific clinical rationale for aquatic therapy. The guidelines recommend a six visit clinical trial. The guidelines recommend 24 physical therapy sessions over 16 weeks for the aforementioned surgery. The request exceeds the recommended guidelines. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no clinical rationale for aquatic therapy over land-based physical therapy and a request that exceeds the recommended guidelines (for the initial physical therapy/aquatic therapy sessions), postoperative aquatic therapy three times per week times six weeks, 18 sessions to the cervical spine are not medically necessary.