

Case Number:	CM15-0218875		
Date Assigned:	11/10/2015	Date of Injury:	06/16/2004
Decision Date:	12/22/2015	UR Denial Date:	10/28/2015
Priority:	Standard	Application Received:	11/06/2015

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: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

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 was a 53-year-old female who sustained an industrial injury on 6/16/04. Injury occurred when she turned around at a desk and bumped her knee into a drawer. Past medical history was positive for an industrial injury on 2/12/03 when she slipped and fell. She tumbled down seven steps and landing on her face. She underwent anterior cervical discectomy and fusion with plating from C5-C7 on 7/11/11. Records documented height and weight consistent with a 36.6 body mass index in August 2014. She underwent right knee arthroscopic meniscectomy and chondroplasty and was diagnosed with a post-operative deep vein thrombosis in June 2015. The 9/8/15 treating physician report cited increased right knee and ankle pain that interfered with gait. She was continuing to work with difficulty. Physical exam documented the injured worker was in obvious discomfort with an antalgic gait and right knee and ankle joint tenderness. Straight leg raise was positive on the right. There was a well-healed anterior cervical laminotomy incision with diffuse cervical spine tenderness and positive axial head compression. The diagnosis included right knee osteoarthritis, right ankle internal derangement, right shoulder impingement, and right lumbar radiculopathy. She had been authorized for an epidural injection but was still on Coumadin. A change to Lovenox was recommended to allow for the epidural injection to be safely completed. The 9/17/15 neurosurgeon report indicated that the injured worker was status post a C5-C7 discectomy and fusion in 2011 with new onset of neck and right sided shoulder pain with balance issues. Symptoms were reported as worsening. Imaging showed adjacent disc disease at C4/5 with a large central disc protrusion effacing and compressing the spinal cord, causing lateral recess stenosis and nerve root compression, greater on the right. Physical exam documented pain and numbness consistent with the C4 and C5 nerve

root distribution. There was 4+/5 right deltoid and biceps and 4/5 left biceps weakness. Deep tendon reflexes were +3 and symmetrical and Hoffman's was negative. She was swaying backwards in Rhomberg's. The diagnosis was adjacent level disc disease at C4/5 with radiculopathy and positive MRI. Authorization was requested for C4/5 anterior cervical discectomy and fusion with associated surgical requests including 18 sessions of post-operative aquatic therapy. The 10/28/15 utilization review certified the request for C4/5 anterior cervical discectomy and fusion. The request for 18 visits of post-op aquatic therapy was modified to 6 visits. The rationale stated that there was no documented reason for a full course of aquatic therapy over land-based physical therapy. An initial 6 visits of aquatic therapy were allowed prior to transition to land-based therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated Surgical Service: Postoperative aquatic therapy three times a week for six weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy, and Postsurgical Treatment 2009, Section(s): Neck & Upper Back.

Decision rationale: The California MTUS guidelines support the use of aquatic therapy 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. The California Post-Surgical Treatment Guidelines for surgical treatment of cervical fusion suggest a general course of 24 post-operative physical medicine visits over 16 weeks, during the 6-month post-surgical treatment period. An initial course of therapy would be supported for one-half the general course, or up to 12 visits. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical period. Guideline criteria have not been met. This injured worker presents with significant co-morbidities including right knee osteoarthritis and ankle internal derangement, right shoulder impingement, and lumbar radiculopathy. Additionally, she has been reported in the past with a large body habitus. While aquatic therapy may be reasonable, initial post-operative treatment would be supported up to 12 visits. There was no compelling rationale to support the medical necessity of physical therapy beyond initial treatment recommendations. The 10/28/15 utilization review modified this request and certified 6 visits as bridging care to a land-based program. Therefore, this request is not medically necessary.