MAXIMUS Federal Services

Case Number:	CM15-0049464		
Date Assigned:	03/23/2015	Date of Injury:	08/21/2007
Decision Date:	05/01/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/16/2015

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 was a 59 year old female, who sustained an industrial injury, August 21, 2007. The injury occurred when the injured worker was walking in the dark, slipped and fell. The injured worker previously received the following treatments 6 physical therapy and anti-inflammatory medication. The injured worker was diagnosed with moderate multilevel degenerative disc disease most prominent from C4-C7, C4-C5 posterior central 3mm protrusion, diffuse broad based C5-C6 and C6-C7 protrusions with associated moderate foraminal narrowing bilaterally more prominent on the left, impression on the thecal sac was most pronounced at the C6-C7 level with effacement of the anterior CSF and contact of the cord and minimal central stenosis. According to progress note of March 10, 2015, the injured workers chief complaint was low back pain and neck pain. The injured worker complained of stiffness in the right side of the neck and shoulder and instability of the legs. The injured worker felt stronger and more flexible after physical therapy land and aqua therapy. The physical exam noted tenderness with palpation to C4-C7 pain with 30 degrees of flexion of the cervical spine and decreased range of motion of the lumbar spine due to pain. The treatment plan included additional physical therapy of 6 sessions (combination of land and pool) for the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy (combo of land to pool) - 6 sessions - Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy and Physical Medicine Page(s): 22, 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine; Aquatic Therapy Page(s): 98-99; 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Physical Therapy, Aquatic Therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, additional physical therapy (combination land and pool) six sessions to the cervical spine is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. Aquatic therapy is recommended as an optional form of exercise therapy, as an alternative to land-based physical therapy. Aquatic therapy (including slimming) 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 diagnoses are cervicocranial syndrome; cervical disc displacement; right C7 radiculopathy; degenerative changes facets at L4 - L5; stenosis spinal lumbar; unspecified major depression; psychogenic pain; sciatica; and disorder of the sacrum. The injured worker received a combination of land-based and aquatic therapy. The documentation does not state the total number of physical therapy sessions to date. There is no clinical indication in the medical record for aquatic therapy. There is no documentation indicating the effects of gravity need be minimized. Weight bearing does not play a role in aquatic therapy as it relates to the cervical spine. There is no documentation with objective functional improvement as it relates to both land-based physical therapy and aquatic therapy. When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. Subjectively, according to a January 15, 2015 progress note, the injured worker admits to doing better with improved neck symptoms. Objectively, there are no significant findings noted. There are no compelling clinical facts in the medical record warranting additional physical therapy. Consequently, absent compelling clinical documentation to warrant additional physical therapy (land-based and pool), additional physical therapy (combination land and pool) six sessions to the cervical spine is not medically necessary.