

Case Number:	CM13-0040374		
Date Assigned:	12/20/2013	Date of Injury:	06/02/1987
Decision Date:	05/14/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/29/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in Illinois. 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 physician 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.

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 66-year-old female who reported an injury on 06/02/1987 due to lifting and putting away large boxes of paper and supplies, which reportedly caused injury to her neck and low back. The injured worker ultimately underwent a C5-6 anterior cervical discectomy and fusion. The injured worker was evaluated on 09/25/2013. It was documented that the injured worker had undergone a bilateral transforaminal epidural steroid injection and a cervical epidural steroid injection that did provide significant benefit. Physical findings included moderately to severe restricted range of motion in all planes with increased pain of the cervical spine with muscle guarding and tenderness to palpation of the cervical paraspinal musculature with diminished sensation in the right C6, C7, and C8 dermatomes. Evaluation of the lumbar spine included restricted range of motion secondary to pain with disturbed sensation in the L4, L5, and S1 distributions and a positive right sided straight leg raising test and a positive Patrick's / Gaenslen's test for sacroiliac arthropathy. The injured worker's diagnoses included cervical disc with radiculitis and lumbar disc with radiculitis, and cervical postlaminectomy syndrome. The injured worker's treatment plan included aquatic therapy, refill of medications, and additional epidural steroid injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

UNKNOWN TOTAL NUMBER OF AQUATIC THERAPY VISITS FOR THE CERVICAL SPINE, AS AN OUTPATIENT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation NON-MTUS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines AQUATIC THERAPY Page(s): 22.

Decision rationale: The requested unknown total of aquatic therapy visits for the cervical spine as an outpatient is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule supports the use of aquatic therapy when an injured worker requires a non weight bearing environment while participating in active therapy. The clinical documentation submitted for review does not provide any evidence that the injured worker requires a non weight bearing environment. Additionally, there is no indication of limitations that would prevent the injured worker from participating in land based therapy. Also, the request as it is submitted does not clearly define duration and frequency of treatment. Therefore, the appropriateness of the request itself cannot be determined. As such, the requested unknown total of number of aquatic therapy visits for the cervical spine as an outpatient is not medically necessary or appropriate.