

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0185389 | | |
| Date Assigned: | 11/13/2014 | Date of Injury: | 05/19/2013 |
| Decision Date: | 12/19/2014 | UR Denial Date: | 10/16/2014 |
| Priority: | Standard | Application Received: | 11/06/2014 |

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 28-year-old male with a date of injury of 05/19/2013. According to progress report 09/17/2014, the patient presents with continued neck pain. A physical examination revealed the patient was in mild to moderate discomfort and guarding of the right upper extremity was noted. Cervical range of motion is limited in all planes. He has moderate right greater than left side cervical paraspinal muscle tenderness and diminished light touch sensation over the 4th and 5th digit of the right hand. The listed diagnoses are: 1. Cervical radiculopathy. 2. Chronic pain syndrome involving the right upper extremity. The physician is requesting authorization for pool therapy times 8 sessions for the cervical spine. Utilization review denied the request on 10/16/2014. Treatment reports from 09/27/2013 through 09/17/2014 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy 8 visits for the cervical spine with radiculopathy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98 and 99.

Decision rationale: This patient presents with continued neck and upper extremity complaints. The current request is for "aquatic therapy 8 visits for the cervical spine with radiculopathy." The physician states in his report 09/17/2014 that pool therapy is recommended to control pain, strengthen, and for increase in mobility. The MTUS Guidelines page 22 recommends aquatic therapy as an option for land-based therapy in patients that would benefit from decreased weight-bearing such as extreme obesity. For number of treatments, the MTUS Guidelines page 98 and 99 recommends for myalgia, myositis-type symptoms, 9 to 10 sessions over 8 weeks. In this case, the physician is requesting aqua therapy sessions to improve strength and mobility in the patient's neck. The MTUS recommends aqua therapy for patients with weight-bearing restrictions. The request is determined not medically necessary.