

Case Number:	CM14-0216026		
Date Assigned:	01/06/2015	Date of Injury:	11/06/1992
Decision Date:	03/11/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/23/2014

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. 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

Certification(s)/Specialty: Preventive Medicine, Occupational 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 sustained a work related injury on November 6, 1992. The exact mechanism of the work related injury and body parts involved was not included in the documentation provided. The injured worker was noted to have undergone previous cervical spine discectomy and fusion. The surgical report was not included in the documentation provided. The Physician's report dated November 7, 2014, noted the injured worker with constant, radiating cervical spine pain, characterized as sharp, dull, aching, and pins and needles. The injured worker reported the pain decreased by medications and rest. Physical examination was noted to show tenderness to palpation of the cervical paraspinal muscle with decreased neck range of motion, tenderness to palpation of the lumbar paraspinal area, decreased range of motion in all planes, and tenderness to palpation in the lumbar facet joints L4-L5. The Physician's impressions were noted as chronic cervicogenic status post cervical whiplash type injury, postlaminectomy syndrome of the cervical spine status post C4- C6 anterior cervical discectomy and fusion, cervicogenic headache, and cervical spondylosis. The Physician recommended physical therapy to help strengthen the core muscle group. The Physician requested authorization for cervical spine physical therapy once a week for six weeks, and cervical spine aquatic therapy once a week for six weeks. On December 1, 2014, Utilization Review evaluated the request for cervical spine physical therapy once a week for six weeks, and cervical spine aquatic therapy once a week for six weeks, citing the MTUS Chronic Pain Medical Treatment Guidelines, and the Official Disability Guidelines (ODG-TWC), Neck & Upper Back Procedure Summary, last updated November 18, 2014. The UR Physician noted the injured worker had persistent complaints for more than twenty-two years,

with a previous cervical spine surgery, without the post-operative course of care outlined in the records submitted. The UR Physician noted that there was no indication that the injured worker had experienced a recent flare-up of pain after a specific incident of aggravation with an associated significant decline in function, unresponsive to an established home exercise program. The UR Physician noted that without a review of the prior course of care including the number of physical therapy sessions completed and the last date of service, as well as evidence of a recent flare-up, the medical necessity of the requested cervical spine physical therapy once a week for six weeks was not established and non-certification was recommended. The UR Physician noted that there was limited evidence of significant deficits on examination that necessitated the request for aquatic therapy. The UR Physician noted that there was no indication that there was a need for a reduced weight bearing environment to make gains in therapy, hence the medical necessity of the requested cervical spine aquatic therapy once a week for six weeks had not been established, with non-certification recommended. The decisions were subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Spine PT 1x6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98 & 99. Decision based on Non-MTUS Citation ODG-TWC, Neck & Upper Back

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Continued physical therapy is predicated upon demonstration of a functional improvement. There is no documentation of objective functional improvement from previous therapy. In addition, California Labor Code Section 4604.5(c) (1) states that an employee shall be entitled to no more than 24 chiropractic, 24 occupational therapy, and 24 physical therapy visits per industrial injury. The medical record indicates that the patient has previously undergone more than 24 sessions of physical therapy. During the previous physical therapy sessions, the patient should have been taught exercises which are to be continued at home as directed by MTUS. Cervical Spine PT 1x6 is not medically necessary.

Cervical Spine Aquatic Therapy 1x6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

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

Decision rationale: The MTUS states that aquatic therapy can be recommended as an optional form of exercise therapy, where available, 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. There is no documentation explaining why aquatic therapy would be necessary to reduce weight-bearing. In addition, California Labor Code Section 4604.5(c) (1) states that an employee shall be entitled to no more than 24 chiropractic, 24 occupational therapy, and 24 physical therapy visits per industrial injury. The patient has already exceeded the number of visits allowed. Cervical Spine Aquatic Therapy 1x6 is not medically necessary.