

<b>Case Number:</b>	CM15-0091728		
<b>Date Assigned:</b>	05/18/2015	<b>Date of Injury:</b>	11/20/2014
<b>Decision Date:</b>	06/17/2015	<b>UR Denial Date:</b>	04/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 is a 63 year old female who sustained an industrial injury on 11/20/2014 when she tripped and fell forward with momentary loss of consciousness. The injured worker has a history of hypertension on medication and is overweight. Initial brain Computed Tomography (CT) and subsequent brain magnetic resonance imaging (MRI) on December 13, 2014 was within normal limits. The injured worker was diagnosed with post-concussion syndrome, cervical strain, multi-level cervical degenerative disc disease, lumbar degenerative disc disease, and cervicogenic headaches. Treatment to date includes diagnostic testing, recent cervical spine magnetic resonance imaging (MRI) in January 2015, orthopedic spine evaluation, physical therapy and medications. According to the primary treating physician's progress report on April 23, 2015, the injured worker continues to experience headaches and neck pain and bilateral arm numbness with traction, range of motion exercises and soft tissue massage and therefore she discontinued her exercise program. Examination demonstrated no focal motor or sensory neurological deficits from C4 through to T1 to the bilateral upper extremities. There was severe tenderness over the C7-T1 spine and scapular regions with decreased range of motion of the cervical spine. The lumbar spine demonstrated mild focal tenderness, right greater than left over the L3-L4, L4-L5 and L5-S1 posterior spinous processes. Flexion was to her knees, forward flexion at 30 degrees and extension 15 degrees with pain into both gluteal regions. Right and left lateral bending are equal and symmetric to about 15 degrees. There were no signs of focal motor or sensory deficits from L2 through S1. Current medications are listed as Celebrex, Tramadol and Gabapentin. Treatment plan consists of continue with medication

regimen, pain management referral, cervical epidural steroid injection, supine cervical traction device for home use and the current request for aqua therapy for the neck twice a week for 6 weeks.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Aquatic physical therapy 2 times a week for 6 weeks for the neck: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy and physical medicine Page(s): 22 and 98-99.

**Decision rationale:** Aquatic physical therapy 2 times a week for 6 weeks for the neck is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends up to 10 visits for this condition with a transition to a supervised home exercise program. The documentation does not reveal extenuating condition which would necessitate exceeding the MTUS recommended number of visits for this condition. The guidelines recommend aquatic therapy as an optional form of exercise therapy, where available, as an alternative to land based physical therapy where reduced weight bearing is desirable, for example extreme obesity. The documentation does not indicate the necessity of aquatic therapy over land based therapy for a neck condition. The patient should be well versed in a home exercise program. The request for aquatic physical therapy 2 times a week for 6 weeks for the neck is not medically necessary.