

Case Number:	CM15-0092073		
Date Assigned:	05/18/2015	Date of Injury:	08/16/2012
Decision Date:	06/24/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/13/2015

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

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 is a 34 year old female with an industrial injury dated 8/16/2012. The injured worker's diagnoses include cervical radiculopathy and cervicobrachialgia. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 4/14/2015, the injured worker reported severe neck pain. Objective findings revealed tenderness and decrease range of motion in the cervical spine. The treating physician also reported decrease reflexes at the biceps and triceps, decrease sensory in bilateral C6-7 distribution, and diffuse cervical spasm. The treating physician prescribed services for physical therapy (including water aerobics) for the cervical spine, three times a week for four weeks now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy (including water aerobics) for the cervical spine, three times a week for four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back, Acute and Chronic, Physical Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page 22 Physical Medicine Pages 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Physical medicine treatment ODG Preface Physical Therapy Guidelines.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that aquatic therapy is an optional form of exercise therapy and an alternative to land-based physical therapy. Aquatic therapy is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. For recommendations on the number of supervised visits, see Physical Medicine (Pages 98-99). MTUS Physical Medicine guidelines indicate that for myalgia and myositis, 9-10 visits are recommended. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. Per MTUS definitions, functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions, and a reduction in the dependency on continued medical treatment. Official Disability Guidelines (ODG) present physical therapy PT guidelines. Patients should be formally assessed after a six visit clinical trial to evaluate whether PT has resulted in positive impact, no impact, or negative impact prior to continuing with or modifying the physical therapy. When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. Physical therapy (water aerobics) three times a week for four weeks (12) was requested. The pain management progress report dated 4/7/15 documented the diagnosis of neck pain and cervical facet arthropathy. Physical examination documented that the patient was alert and oriented. The patient's gait is normal on the tip toes and heels. The progress report dated 4/14/15 documented that gait is normal. The patient is ambulatory. The need for reduced weight bearing was not established. Date of injury was 08-16-2012. Functional improvement with past physical therapy was not documented. The request for 12 physical therapy visits with water aerobics would exceed ODG guideline recommendations, and is not supported. Therefore, the request for physical therapy (water aerobics) three times a week for four weeks (12) is not medically necessary.