

Case Number:	CM13-0027663		
Date Assigned:	03/21/2014	Date of Injury:	03/10/2003
Decision Date:	07/25/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	09/23/2013

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 & 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 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 injured worker is a 53 year old female who reported an injury on 03/10/2003 of unknown mechanism of injury. The injured worker had diagnoses of lumbar musculoligamentous sprain/strain, lumbar disc disease, lumbar radiculopathy and lumbar facet syndrome. The injured worker had back pain only at night time rated 5/10. There was a lack of significant recent clinical information submitted from the requesting provider to indicate the rationale for the request or the previous courses of treatment. The authorization form dated 03/21/2014 was submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy for fibromyalgia 3 times a week for 12 weeks (36 sessions): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Guideline recommends as an optional form of exercise therapy, as an alternative to physical therapy. Aquatic therapy can minimize the effects of gravity, so it is specifically recommended where

reduced weight bearing is desirable, for example extreme obesity. There is a lack of significant recent clinical information submitted from the requesting provider to indicate the rationale for the request or the previous courses of treatment. The documentation did not provide the injured workers medical history, complaints, medications, diagnostic studies, treatment plan or progression for the review to provide a clear picture. As such the request for aquatic therapy for fibromyalgia 3 times a week for 12 weeks is not medically necessary and appropriate.