

Case Number:	CM13-0031291		
Date Assigned:	12/20/2013	Date of Injury:	04/11/2012
Decision Date:	03/05/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/03/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and Pain Management, 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 physician 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:

This patient is a 30-year-old female with injury date from 04/11/2012. The diagnostic impression provided by [REDACTED] report of 07/11/2013 is chronic posttraumatic generalized myofascial pain consistent with fibromyalgia or fibrositis type presentation. He recommended diligent swim/aquatic therapy ideally 1 hour per day 6 days per week and probably injection pain management. Examination describes the patient as a thin and fit person. There is also a report by physiatry pain management on 09/10/2013. This report has the patient's pain at 8/10 and states that she has been paying for acupuncture out of pocket. Impressions were chronic low back pain, neck and midback pain. Request was for 6 sessions of pool therapy to help reduce pain, improve function, and mobility.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pool therapy (6 sessions): 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 Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: This patient presents with chronic neck, thoracic, and low back pain following a motor vehicle accident. MRI of the T-spine from 06/26/2012 showed degenerative changes at T2-T3. MRI of the C-spine from 09/07/2012 showed mild central disk bulges at C3-C7 causing minimal indentation of the thecal sac. Bulging disks measured 1 mm. The treating physician has requested 6 sessions of pool therapy to help with this patient's pain and to improve function. The patient is apparently going to acupuncture on her own. Regarding aquatic therapy, the MTUS Guidelines state that this is recommended as an optional form of exercise therapy where available as an alternative to land-based physical therapy. The guidelines further state that aqua therapy can minimize the effect of gravity and is specifically recommended where reduced weight bearing is desirable, for example, in extreme obesity. In this case, this patient is described as thin and fit. The treating physician does not describe why aquatic therapy is being recommended. The MTUS Guidelines reserve aquatic therapy for situations where reduced weight bearing is desirable. Therefore, the requested 6 sessions of pool therapy are not medically necessary and appropriate at this time.