

Case Number:	CM13-0034887		
Date Assigned:	12/11/2013	Date of Injury:	07/23/2010
Decision Date:	02/11/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/15/2013

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 & Rehabilitation and is licensed to practice in Texas. 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:

The patient is a 61-year-old female who reported an injury on 07/23/2010. The patient is diagnosed with fibromyalgia, left knee pain, and chronic pain syndrome. The patient was recently seen by [REDACTED] on 08/15/2013. Physical examination was not provided. Treatment recommendations included aquatic therapy and continuation of current medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy (24 sessions): Upheld

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

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

Decision rationale: California MTUS Guidelines state aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land based 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. As per the clinical notes submitted, there is no indication that this patient is non weight bearing or requires reduced weight bearing as opposed to land based physical therapy. The patient has previously

participated in aquatic therapy. Documentation of a previous course of physical and/or aquatic therapy was not provided for review. Furthermore, the current request for 24 sessions of aquatic therapy appears to be excessive and inappropriate given that the patient would have to undergo a reassessment and evaluation of functional improvement following an initial trial. Based on the clinical information received, the request is non-certified.