

Case Number:	CM13-0036299		
Date Assigned:	12/13/2013	Date of Injury:	10/22/1999
Decision Date:	02/17/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/21/2013

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 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:

The patient is a 53-year-old female who reported an injury on October 22, 1999. The mechanism of injury was not provided in the medical records. The patient's diagnoses included chronic posttraumatic pain state, fibromyalgia, and depression with anxiety, insomnia, gastroesophageal reflux disease (GERD), anemia iron deficiency, pre-diabetes, and constipation which is medication induced. The most recent clinical note dated November 01, 2013 reported that the patient had taken Savella samples from previous appointments and it seemed to have helped the patient both emotionally and with pain relief. The patient's weight had stabilized, and she was trying to remain as active as possible.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua Therapy, two (2) times a week for eight (8) weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy and Physical Medicine Page(s): 22,98-99.

Decision rationale: The California MTUS states aquatic therapy is recommended as an optional form of exercise therapy where available as an alternative to land-based physical therapy. The physical medicine guidelines are followed in reference to the number of supervised visits

allowed for aquatic therapy. According to the California MTUS Physical Medicine Guidelines, the recommended number of aquatic therapy or physical therapy visits for the patient diagnosis would be 9 to 10 visits over 8 weeks. However, the request is for aquatic therapy 2 times a week for 8 weeks which would total 16 visits. Therefore, the request exceeds that which is recommended by the California MTUS Guidelines. Therefore, the request for aquatic therapy 2 times a week for 8 weeks is not medically necessary or appropriate.