

Case Number:	CM13-0045125		
Date Assigned:	12/27/2013	Date of Injury:	12/06/2002
Decision Date:	02/27/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/30/2013

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 Pain Medicine and is licensed to practice in Ohio and 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 59-year-old female who reported an injury on 12/06/2002. The mechanism of injury was not submitted. The patient was diagnosed with myalgia and myositis, shoulder region displacement, and carpal tunnel syndrome. The patient continued to complain of total body pain, chronic fatigue, and trouble sleeping. The patient reported the topical analgesics were helping very much and pool therapy was very effective. Objective revealed bilateral shoulder tenderness and trigger point tenderness. The treatment plan included continuation of pool therapy and topical analgesic use. The patient is status post right shoulder arthroscopy. The patient had 18 postoperative therapy visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy 3 week x 12 weeks: 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, Physical medicine Page(s): 22,98-99.

Decision rationale: The Physician Reviewer's decision rationale: CA MTUS recommends aquatic therapy as an optional form of exercise therapy, where available, as an alternative to

land-based therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example, extreme obesity. The guidelines allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. Physical therapy is recommended for myalgia and myositis at 9 to 10 visits over an 8 week period. The patient continued to complain of total body pain. However, no objective clinical documentation was submitted for review showing functional improvement from the previous 18 physical therapy sessions. Given the lack of documentation to support guideline criteria, the request is non-certified.