

Case Number:	CM13-0053797		
Date Assigned:	12/30/2013	Date of Injury:	04/14/2010
Decision Date:	03/15/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	11/18/2013

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 Orthopedic Surgery, and is licensed to practice in Texas, Michigan, Nebraska, and Indiana. 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 54-year-old female who has diagnoses of myofascial sprain of the cervical, dorsal, and lumbar spine; strain of the left shoulder with impingement; and a history of fibromyalgia. The most recent clinical note is dated 10/8/13; the patient was there for a follow-up evaluation. She reports that her fibromyalgia has increased by 10-20% since her last visit. The patient rates her pain as 4/10. The pain occurs intermittently and has been as high as 9/10. The patient notes no changes in the location of pain, or the characteristics of pain since her last visit. The patient does note that she has been taking her medication as prescribed and it has been effective in helping with pain control. On exam, there is spasm and tenderness noted to the cervical spine area with some radiating pain noted on palpation. At the end of the exam, the physician noted his diagnoses as chronic fatigue, fibromyalgia, and myositis. The physician instructed the patient to conduct all activities of daily living as normally as possible, and continue with the current home exercise program, chiropractic treatment, and medication. The patient's current medications are Lunesta, Cymbalta, Lyrica, and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy three times a week for four weeks for the cervical spine, left shoulder, and lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22-23.

Decision rationale: The California MTUS Guidelines recommend aquatic therapy as an optional form of exercise therapy. Noted under physical medicine guidelines, there is a recommendation for 9-10 visits over eight weeks. The patient has previously had physical therapy, but there is no documentation to note the number of sessions, or the effectiveness. There is no clear statement of whether or not the patient is still eligible for and would benefit from land physical therapy. Therefore, the request for aquatic therapy is noncertified.

Six month gym membership for the cervical spine, left shoulder, and lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46-47.

Decision rationale: The guidelines for exercise/gym membership note that it is recommended, but that there is not sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. The patient is continuing with her home exercise program at this time, which was noted to be effective per the progress note. There is not a need for the gym membership, as it cannot be recommended as more effective than home-based exercise. Therefore, the request for a gym membership is noncertified.