

Case Number:	CM13-0055743		
Date Assigned:	12/30/2013	Date of Injury:	11/17/2010
Decision Date:	03/24/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	11/21/2013

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 & 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 45 year old female injured on 11/17/2010 when the patient tripped and fell, striking the right elbow and landing on the left knee. The patient had a number of industrial injuries dated 08/90, 10/27/97, 11/17/10, specifically the 08/90 and 11/17/10 dates. Injuries were to the left knee and back. The patient worked until 02/29/2012. On 09/17/2013 the patient complained of pain. The exam showed a 5'3", 152 pound female with antalgic gait and tender medial knee fat pad, with very small effusion and normal motor. The grip strength testing is 2, 0 and 0 pound on the right and 4, 4 and 2 pounds on the left after three successive tries using the Jamar dynamometer. Otherwise, the joints of the upper extremities were normal range of motion with no arthritic deformities or effusions. Circumferential measurements showed no significant atrophy. Deep tendon reflexes were bilaterally symmetrical and normal, as is pinprick sensation. Muscle strength testing was normal. Tinel, Phalen and Finkelstein signs were negative. Adson test for radial artery occlusion was negative. Diagnosis was fibromyalgia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol Page(s): 29.

Decision rationale: As per CA MTUS guidelines, carisoprodol (Soma®) is not recommended. This medication is not indicated for long-term use. The providers notes from 9/17/2013 does not indicate the reason for medication. There is no evidence of functional improvements or response to the medication. Therefore, request for Soma 350mg #60 is not medically necessary.

Aquatic therapy for the left knee (12 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: The guidelines state that aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land based physical 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. Water exercise improved some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities may be required to preserve most of these gains. Providers' notes does not indicate if the alternative therapy has failed. There is no documentation on how the other therapy responded. There is no objective finding of physical improvements that indicate needing for aquatic therapy. Therefore, the request for aquatic therapy is not medically necessary.