

Case Number:	CM13-0066330		
Date Assigned:	09/29/2014	Date of Injury:	02/21/2012
Decision Date:	11/12/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	12/16/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Family Practice and is licensed to practice in Ohio. 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 expert 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 injured is a 44 year old female whose date of injury was 2-24-2012. She complains of low back pain, diffuse body pain, and depression. The physical exam is remarkable for tenderness to palpation and spasm of the cervical musculature and lumbar musculature. There is tenderness to the anterior deltoid of the left shoulder. There is diminished sensation of the left C7 dermatome and a positive straight leg raise exam bilaterally. An MRI scan of the lumbar scan revealed an L4-L5 3mm disc protrusion with mild lateral recess stenosis contacting the left L5 nerve root and an L5-S1 disc bulge. She is being treated with Cymbalta and topical analgesics. The diagnoses include lumbar strain, adhesive capsulitis of both shoulders, major depressive disorder, chronic pain syndrome with fibromyalgia, cervical strain, left piriformis syndrome, and lumbar degenerative disc disease.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua therapy 2 times a week for 6 weeks lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22, 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Preface, Physical Therapy.

Decision rationale: 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. In this instance, the injured worker has fibromyalgia and the guidelines tend to support aquatic therapy. There are a number of overall physical therapy philosophies that may not be specifically mentioned within each guideline: (1) As time goes by, one should see an increase in the active regimen of care, a decrease in the passive regimen of care, and a fading of treatment frequency; (2) The exclusive use of "passive care" (e.g., palliative modalities) is not recommended; (3) Home programs should be initiated with the first therapy session and must include ongoing assessments of compliance as well as upgrades to the program; (4) Use of self-directed home therapy will facilitate the fading of treatment frequency, from several visits per week at the initiation of therapy to much less towards the end; (5) Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration or number of visits exceeds the guideline, exceptional factors should be noted. The request in this case calls for 2 visits weekly for 6 weeks, or twelve total visits. That number of visits exceeds the 6 visit trial which is the general rule of thumb for generic physical therapy without a specific diagnosis. There are no specific guidelines for numbers of physical therapy visits for fibromyalgia, so the 6 visit rule would tend to apply. Therefore, aqua therapy 2 times a week for 6 weeks is not medically necessary.