

Case Number:	CM14-0019024		
Date Assigned:	04/23/2014	Date of Injury:	01/03/2001
Decision Date:	07/03/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	02/14/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 54 year young female with a date of injury of 1/3/2001. She has neck pain, bilateral shoulder pain, bilateral wrist pain, low back pain, chronic fatigue, insomnia. Her diagnoses includes Fibromyalgia, status post lumbar spine fusion, L3-L4 and L4-L5, done in February 2005, with hardware removal in June 2006; status post cervical spine surgery. There is a 1/17/14 rheumatologist office visit report that states that the patient has continued total body pain, chronic fatigue, problems sleeping. She has morning gel phenomenon - 120 minutes, no new joint swelling. She complains of bilateral shoulder pain, right hand pain and numbness after fine movements. She has to wear a sling now to assist with pain. She complains of low back pain radiating to both legs. he complains that Sonata does not work for her insomnia. On physical exam there is no new joint swelling. She has a normal neurologic examination. There are no rheumatoid arthritis deformities. Trigger point tenderness 12+. The treatment plan includes continuing topical Flurbiprofen, tramadol, threabenzaprine for FMS and start Ativan for insomnia. There is a recommendation for aqua therapy in a warm pool for pain and stiffness. Physical therapy notes reveal the patient has had aqua therapy in the past but documentation indicates that she has not had any therapy in the past year.

IMR ISSUES, DECISIONS AND RATIONALES

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

36 AQUATIC THERAPY SESSIONS: 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: 36 aquatic therapy sessions are not medically necessary as written per the MTUS Chronic Pain Medical Treatment guidelines. 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. The MTUS does state a study done by Tomas-Carus, 2007 reveals that water exercise improved some components of health-related quality of life in females with fibromyalgia, but regular exercise and higher intensities may be required to preserve most of these gains. The documentation submitted patient has Fibromyalgia and has not had recent aquatic or physical therapy in the past year. The request as written is not medically necessary as the MTUS Chronic Pain Medical Treatment Guidelines recommend up to 10 visits of therapy for myalgia/myositis. The request for 36 aquatic therapy sessions is not medically necessary as written.