

Case Number:	CM14-0019358		
Date Assigned:	04/21/2014	Date of Injury:	08/08/2001
Decision Date:	07/02/2014	UR Denial Date:	02/04/2014
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, and is licensed to practice in Illinois. 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 worker is a 50-year-old female who reported an injury of unknown mechanism on 08/08/2001. In the clinical note dated 01/17/2014, the injured worker complained of neck pain that radiated bilaterally in the upper extremities, low back pain that radiated bilaterally to the lower extremities and chest wall pain. She was noted as stating her pain was 4/10 with medications and 8-9/10 without medications. Her pain was noted as increasing with activity and being unchanged since last visit. The injured worker indicated her activities of daily living were limited in self-care and hygiene, ambulation, hand function, sleep and sex. The physical examination revealed the injured worker to be in moderate distress. It was noted that a fibromyalgia examination was performed and revealed 16/18 fibro tender points. The diagnoses were cervical radiculitis, lumbar radiculitis, left hip pain, anxiety, depression, atypical chest pain, recurrent urinary tract infection (UTI) and recurrent panic attacks. The treatment plan included aqua pool therapy, of which the injured worker completed a course of therapy and reported improved pain control and functional improvement. Four additional weeks of aqua/pool therapy were being requested. The prescribed medications for renewal were Clorazepate, Flexeril, Norco and new prescriptions were Lunesta, and Senokot-s. The injured worker was to follow up in one month at the clinic and follow up with psych and rheumatologist reports. The request for authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

EIGHT (8) AQUATIC THERAPY. TWO (2) TIMES A WEEK FOR FOUR (4) WEEKS FOR THE LEFT SHOULDER, AS OUTPATIENT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines 98-99. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chronic pain.

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

Decision rationale: The California MTUS guidelines state aqua 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. It is noted in the MTUS guidelines that aqua therapy may improve 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 the clinical note, it was documented that a fibromyalgia examination was performed and it revealed 16/18 fibro tender points. It is unclear if this was part of the diagnosis and if there was a physical exercise component to be added to the request of aqua therapy as recommended in the MTUS guidelines. In the clinical note, it was not documented if the injured was obese or had trouble with weight-bearing exercise. In the physical examination, there was lack of documentation of range of motion or weight bearing difficulties in the left shoulder. The efficacy of the prior aquatic therapy sessions was unclear within the provided documentation. Therefore, the request for eight (8) aqua therapy two (2) times a week for four (4) weeks for the left shoulder quantity 8 is non-certified.