

Case Number:	CM14-0025586		
Date Assigned:	06/13/2014	Date of Injury:	01/22/2004
Decision Date:	07/30/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	02/28/2014

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 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 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 69-year-old female who reported an injury on 01/22/2004. The mechanism of injury is unknown. The injured worker complained of total body pain, chronic fatigue, and problems sleeping. The injured worker also reported increased fatigue, feeling very tired throughout the day, pain in back, neck, extending down entire back, ribs, chest, thighs, calves, forearms, upper arms, and wrists. There was no measurable pain documented. Physical examination revealed no new joint swelling, normal neurologic examination, and rheumatoid arthritis deformities. The injured worker has diagnoses of myalgia and myositis, insomnia related to major depressive disorder, and major depressive disorder. Past treatment for the injured worker has been psychological testing and medication therapy. Medications are Sentra AM #60 2 tablets every morning, gabapentin 60/30 2 tablets at night, Prozac 10 mg 1 tablet daily, flurbiprofen, tramadol, and Anaprox. The current treatment plan for the injured worker is aquatic therapy 3 times a week for 12 weeks to whole body. The rationale and Request for Authorization Form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

AQUATIC THERAPY 3 TIMES A WEEK TIMES TWELVE (12) WEEKS TO WHOLE BODY: 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 Aquatic therapy; Physical Medicine Page(s): 22; 98-99.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) guidelines recommend aquatic therapy 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. The guidelines indicate the treatment for Myalgia and myositis is 9-10 visits and for Neuralgia, neuritis, and radiculitis, it is 8-10 visits. The submitted report lacked any evidence of the injuries to the injured worker. There was no documentation as to what exactly was hurting on her body. The only thing documented was a complaint of total body pain. All of the documentation submitted for report mostly talked about depression, insomnia, sleeplessness, fatigue, and anxiety. There were no subjective or objective findings on any physical exams reporting the state of injury the injured worker was in. Aquatic therapy is recommended where land-based therapy is not available. There lacked evidence in the reports that physical therapy was not available to the injured worker. As such, the request for aquatic therapy 3 times a week 12 weeks to whole body is not medically necessary.