

Case Number:	CM14-0048718		
Date Assigned:	06/25/2014	Date of Injury:	10/17/2006
Decision Date:	07/23/2014	UR Denial Date:	03/09/2014
Priority:	Standard	Application Received:	03/27/2014

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 Family Practice, 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:

This 48 year old female claimant sustained a work related injury on 6/11/09 involving the right wrist, back, neck, left hip, shoulders, and lower extremities. She had diagnoses of right carpal tunnel, arthritis of the right knee, lumbosacral foraminal stenosis, L4-L5 disc tear, and compression fracture of T12. She has a chronic history of multiple myeloma, which is non-industrial. She had a left hip replacement in 2013. A progress note on 2/4/14 indicated the claimant had multiple joint pains. She had only been on Acyclovir at the time. Prior medications for pain included Oxycodone; however, her response to medications is unknown. Physical findings were not noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 AQUA THERAPY SESSIONS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): TABLE 9-6.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aqua therapy, Physical medicine Page(s): 22, 98.

Decision rationale: According to the MTUS guidelines, 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 improves 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 case, it is uncertain if the claimant cannot undergo land based therapy. In addition, there is no mention if obesity is the reason affecting therapy. As such, the request is not medically necessary.