

<b>Case Number:</b>	CM14-0062397		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	09/29/2008
<b>Decision Date:</b>	09/03/2014	<b>UR Denial Date:</b>	04/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2014

### 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 Occupational Medicine 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:

148 pages were provided. The denied or modified services was 'retro cont pool therapy three times a week for three months' for total body pain and fibromyalgia. She has a history of soft tissue and shoulder pain; there was no response to Lyrica. There was an April 21, 2010 Agreed Medical Re-evaluation. She had claimed injury to her neck, upper back, bilateral shoulder right more than left, and bilateral wrists/hands right more than left from cumulative trauma from typing, repetitively using a 10-key calculator, filing and phone work. She allegedly had developed bilateral carpal tunnel syndrome, de Quervain's stenosis tenosynovitis and finger triggering. The impressions were chronic neck pain associated with spondylosis and non-verifiable radiculopathy; chronic back pain, associated with spondylosis and non verifiable radiculopathy, right shoulder impingement syndrome with global weakness of the right shoulder, and intermittent residuals of right carpal tunnel syndrome status post carpal tunnel release. She was diagnosed with fibromyalgia by a rheumatologist on June 10, 2009. There was a 30% whole person impairment. The AME said in the future, she would need access to an orthopedic surgeon, over the counter and prescription anti-inflammatory medicines, wrist orthotics, lumbar corsets and cane, and a psychiatric evaluation as she was tearful during the AME examination. There was also an AME from May 11, 2009 and another AME from September 12, 2012. There were reportedly two periods of cumulative trauma from May 79 through 1989, and from January 31, 1990 to November 3, 2008. There is no mention of therapy in the future medical care.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro Cont Pool Therapy 3x week for 3 months:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines x 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 22 of 127 Page(s): 22 OF 127.

**Decision rationale:** The MTUS notes that aquatic or pool 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. In this claimant, there is no documentation of extreme or morbid obesity. No weight or BMI is noted. Moreover, there is no mention of prior therapy. There is no mention of deficits that might respond to any physical therapy. Objective functional improvement out of early therapy efforts are not available to review, to deduce that more therapy has odds of being functionally beneficial. This request is not medically necessary.