

Case Number:	CM14-0194894		
Date Assigned:	12/02/2014	Date of Injury:	04/30/2008
Decision Date:	01/14/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	11/20/2014

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 Emergency 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:

Patient with reported date of injury on 4/30/2008. Mechanism of injury is due to slip and fall. Patient has a diagnosis of lumbar spine sprain, post R shoulder arthroscopy and post L knee arthroscopy. Other diagnosis noted include chronic myofascial pain syndrome and fibromyalgia. Medical reports reviewed. Last report available until 10/22/14. Patient complains of R shoulder pain and L knee pain. Minimal relief with acupuncture sessions. There was no back complaints during visit on 10/22/14. Was just started on Limbrel for fibromyalgia. Patient had complaints of back pains on visit on 8/5/14. Objective exam reveals tenderness to paralumbar musculature bilaterally. Negative straight leg raise. Tight hamstrings. Aquatic therapy was requested but to justification or rationale was provided. Last documented justification was noted on progress note on 9/2/14 that claims that Aquatic therapy in an indoor heated pool would be beneficial for fibromyalgia pains. No recent medication list was provided for review. Last list was documented from a report dated 10/15/14 with noted Thyroid medications, Tramadol, Ambien, Linbrel, Lexapro, Lidocaine gel, Lidoderm patches and Relpax. Independent Medical Review is for Aquatic therapy 2 times a week for 4weeks for lumbar spine. Prior UR on 11/12/14 recommended non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy 2 x 4, lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Aquatic Therapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Lumbar & Thoracic (Acute & Chronic), Physical Therapy

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

Decision rationale: As per MTUS Chronic pain guidelines, Aquatic Therapy may be recommended as an optional form of exercise and/or physical therapy where pt is not able to tolerate land based therapy. It may have some additional benefits in patients with fibromyalgia which is likely due to exercise. There is no documentation as why the pt cannot tolerate land based therapy. There is no noted failure of standard physical therapy or a home based exercise therapy. Aquatic therapy is not medically necessary.