

<b>Case Number:</b>	CM14-0025450		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	12/26/2010
<b>Decision Date:</b>	09/01/2015	<b>UR Denial Date:</b>	02/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

### 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 32 year-old female who sustained an industrial injury on 12-26-10. Initial diagnoses are not available. Current diagnoses include myalgia and myositis, and chronic blood loss anemia. Treatment to date has included orthopedic mattress, laboratory evaluations, and symptomatic and pain management. Currently, the injured worker complains of chronic body pain, fatigue, and problems sleeping. Physical examination is remarkable for trigger point tenderness, and bilateral hip tenderness. Requested treatments include massage therapy (3) x 12 multiple body system, and aquatic therapy (3) x 12. The injured worker is under temporary total disability. Date of Utilization Review: 02-17-14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**AQUATIC THERAPY THREE (3) X TWELVE (12): Upheld**

**Claims Administrator guideline:** Decision based on MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PHYSICAL MEDICINE.

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

**Decision rationale:** According to 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. For recommendations on the number of supervised visits, see Physical medicine. Water exercise improved some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities maybe required to preserve most of these gains. (Tomas-Carus, 2007)". There is no clear evidence that the patient is suffering from obesity or having difficulty performing land-based physical therapy. There is no documentation for a clear benefit expected from Aquatic therapy. Therefore the prescription of Aquatic Therapy Three 3x twelve (12) is not medically necessary.

**MESSAGE THERAPY THREE (3) X TWELVE (12) MULTIPLE BODY SYSTEM:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, MESSAGE THERAPY.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58.

**Decision rationale:** According to MTUS guidelines, massage therapy "Recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion". There is no documentation of objective findings that support musculoskeletal dysfunction requiring massage therapy. Passive therapy can provide short term benefit at early stage of pain management. However, the patient have a work related injury since 2010 and the benefit from massage therapy is unclear. The provider did not document a rational behind the request for 12 massage therapy sessions. Therefore, the request for Massage Therapy Three 3x Twelve (12) Multiple Body System is not medically necessary.