

Case Number:	CM15-0139218		
Date Assigned:	07/29/2015	Date of Injury:	12/06/2012
Decision Date:	09/01/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	07/17/2015

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: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 50-year-old female who sustained an industrial injury on 12/6/2012 resulting in radiating upper and lower back pain. She was diagnosed with lumbago, myalgia and myositis, unspecified, chronic neck pain, progressive myofascial pain syndrome, chronic upper back pain, and fibromyalgia. Treatment has included heat, ice, physical therapy, and medication with report of minimal improvement, except for Cymbalta, which has helped control pain. The injured worker continues to present with severe and constant wide spread pain. The treating physician's plan of care includes 8 sessions of physical therapy, and 6 sessions of aqua therapy. She is presently not working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy 2xwk x 3wks lumbar spine and cervical spine: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines -Neck and Upper Back (Acute & Chronic).

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

Decision rationale: The patient complains of "chronic widespread diffused total body pain from head to toes" that includes pain, numbness, tingling, weakness, tenderness, stiffness, burning, popping, and grinding. The current request is for 8 session of aquatic therapy for the lumbar and cervical spine. UR modified the request to 6 session of aquatic therapy for the lumbar and cervical spine. The treating physician recommends on 2/23/15 (30B), "physical therapy for therapeutic exercise/pool therapy". The UR dated 6/17/15 (8B) states "During the peer-to-peer conversation with [REDACTED], the clinical situation of the patient was discussed. [REDACTED] has discussed the clinical presentation of this patient and widespread symptoms for which reduced weight bearing would be beneficial as she currently would not be able to tolerate land-based modalities. [REDACTED] has discussed the completion of approximately 12 aquatic therapy sessions over one year ago for which the patient had experienced reduction of pain and functional improvement." MTUS guidelines support aquatic therapy as a form of physical therapy for patients with extreme obesity or for patients that would benefit from exercises with reduced weight bearing. Additionally, MTUS allows 8-10 sessions of aquatic therapy for the diagnoses of myalgia/myositis, the type of condition this patient suffers from. In this case, there is no clinical history of extreme obesity; however, the treating physician notes this patient would not be able to tolerate land-based modalities due to her widespread symptoms. The current request is medically necessary.

Physical therapy 2xwk x 4wks lumbar spine and cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines, Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The patient complains of "chronic widespread diffused total body pain from head to toes" that includes pain, numbness, tingling, weakness, tenderness, stiffness, burning, popping, and grinding. The current request is for 8 session of physical therapy for the lumbar and cervical spine. The treating physician recommends on 2/23/15 (30B), "physical therapy for therapeutic exercise/pool therapy". The UR dated 6/17/15 (18B) states "During the peer-to-peer conversation with [REDACTED], the clinical situation of the patient was discussed. We have discussed the evidence-based practice guidelines as they pertain to this patient and the requested physical therapy. [REDACTED] has discussed the clinical presentation of this patient and widespread symptoms for which reduced weight-bearing would be beneficial. [REDACTED] has discussed the completion of approximately 12 aquatic therapy sessions over one year ago for which the patient had experienced reduction of pain and functional improvement. However, [REDACTED] clarifies that this treatment should be for rehabilitation treatment with aquatic modalities and not for land- based physical therapy at this time." MTUS guidelines indicate that Physical Therapy is recommended: Physical Medicine guidelines state "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." For myalgia and neuritis type conditions, MTUS Guidelines recommend 8-10

sessions of physical therapy. In this case, the treating physician clarified that the patient is unable to complete traditional land-based physical therapy at this time. The current request is not medically necessary.