

<b>Case Number:</b>	CM15-0191908		
<b>Date Assigned:</b>	10/05/2015	<b>Date of Injury:</b>	09/30/1997
<b>Decision Date:</b>	11/19/2015	<b>UR Denial Date:</b>	09/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2015

### 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: Texas, California  
 Certification(s)/Specialty: Family Practice

### 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 49 year old female who sustained an industrial injury on 9-30-97. Medical records dated 9-8-15 indicate "Fibromyalgia worse, with pain in bottoms of feet particularly bad, burning pain." A review of the medical records indicates that the injured worker is undergoing treatments for major depressive disorder. Provider documentation dated 9-8-15 noted the work status as remaining off work until 12-1-15. Treatment has included exercise, Tramadol, Norco, Wellbutrin, Gabapentin, and Cymbalta, status post left knee surgery, status post right knee arthroscopy, magnetic resonance imaging. Objective findings dated 9-8-15 were notable for cooperative and pleasant attitude, depressed mood, dysthymic and tearful affect, and good judgment. Provider documentation dated 9-8-15 noted the injured worker was "substantially less depressed, but continues with a lot of pain." The original utilization review (9-16-15) denied a request for 12 Sessions of aquatic therapy for severe fibromyalgia. The patient had received an unspecified number of PT visits for this injury. The patient's surgical history include left knee surgery in 2001 and right knee surgery in 2012. Per the note dated 4/8/15 the patient had complaints of low back pain with radiculopathy in lower extremity. Physical examination revealed tenderness on palpation over lumbar spine and elbow. The patient has had history of morbid obesity, major depressive disorder and HTN.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Sessions of aquatic therapy for severe fibromyalgia: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy.

**Decision rationale:** Per 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." A contraindication to land-based physical therapy or a medical need for reduced weight bearing status was not specified in the records provided. The patient had received an unspecified number of PT visits for this injury. A current physical therapy evaluation note was not specified in the records provided. A detailed response to previous conservative therapy was not specified in the records provided. Previous conservative therapy notes documenting significant progressive functional improvement was not specified in the records provided. There was no evidence of a failure of land based physical therapy that is specified in the records provided. As per cited guidelines patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of the request for 12 Sessions of aquatic therapy for severe fibromyalgia is not fully established in this patient.