

Case Number:	CM15-0040681		
Date Assigned:	03/10/2015	Date of Injury:	09/19/2011
Decision Date:	04/13/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	03/03/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 48 year old female who sustained a work related fall injury to her left shoulder, left hip, right knee and right ankle on September 19, 2011. Initial X-Rays and Computed Tomography (CT) of the brain and neck were negative for pathology. The injured worker was diagnosed with chronic pain syndrome, myofascial pain dysfunction syndrome, fibromyalgia and major depressive disorder with history of recurrent psychotic features. The injured worker responded well to peripheral percutaneous neurostimulation. According to the primary treating physician's progress report on December 4, 2014, the patient experiences thoracic and lumbar pain. Examination demonstrated range of motion of the shoulders bilaterally at about 135 degrees with abduction limited more on the left. Cervical range of motion of the left at 50 degrees and right at 35 degrees with some pain was noted. Tender points were noted at the right trapezius and bilateral gluteal muscles. Other areas of the thoracic paraspinal, forearms and hand demonstrated diffuse tenderness and some trigger points. Deep tendon reflexes of the bilateral lower extremities were intact with sensory reduced in the left lower extremity. Right knee range of motion was stiff without focal findings. Current medications are listed as Cymbalta and Gabapentin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy x 18 visits for Fibromyalgia: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines, ODG-TWC Pain chapter Procedure summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine and Aquatic therapy Page(s): 98-99 and 22.

Decision rationale: Aquatic therapy x 18 visits for Fibromyalgia is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines recommend up to 10 visits for this condition. The aquatic therapy guidelines follow the physical therapy guidelines. Aquatic therapy is an alternative to land based therapy in conditions such as obesity. There are no documents from prior physical therapy with evidence of intolerance to land therapy and the amount of prior therapy. Furthermore the request exceeds the recommended number of visits of therapy for this condition. The request for aquatic therapy is not medically necessary.