

<b>Case Number:</b>	CM14-0138522		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	01/02/2003
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	08/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2014

### 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. The expert reviewer is Board Certified in Occupational 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:

According to the provided documents, this is a 61-year-old woman who was injured in a slip and fall on 1/2/03. The reports indicate that she had a right elbow fracture/dislocation, she has undergone right shoulder arthroscopy, bilateral carpal tunnel releases, has low back problems and bilateral knee osteoarthritis. In 2014 she has been treated for deQuervain's and apparently had an injection for that. She was treated by both a physical medicine and rehabilitation specialist as well as a rheumatologist. She has had psychotherapy as well. There is mention of morbid obesity. The disputed treatment is a request for aquatic therapy made in a report from 7/30/14 by the rheumatologist. That report states patient is to "continue pool Rx for fms" (Fibromyalgia syndrome). A previous report from 4/2/14 from the same provider requested Aqua therapy 12 sessions, the next report by the same physician from 5/27/14 made no mention of it. In the interval the patient continued to see the psychologist, the physiatrist and she also had a pain management consultation on 5/22/14 with a different physician. That report mentioned a recent orthopedic evaluation and a referral to an internist for further evaluation for fibromyalgia was made. That report described ongoing pain in the neck, bilateral shoulders, right elbow, bilateral hands and wrists, lower back, bilateral knees bilateral ankles and feet. The report made no mention of any recent aquatic therapy or results from treatment with aquatic therapy. There is no indication that there has been any recent improvement in patient's functional status. The requesting rheumatologist's report of 7/30/14 states that there is continued total body pain, chronic fatigue, and problems sleeping. The report states that the psych meds and fms meds were not authorized; "has flexeril, getting gabapentin and meloxicam from [REDACTED]". Objective findings were no new joint swelling, normal neurologic examination and no rheumatoid arthritis deformities. Diagnoses were myalgia and myositis, NOS; radial styloid tenosynovitis; morbid obesity. Treatment plan was urine toxicology, Neurontin 300 mg b.i.d. (gave Lyrica samples

today) for fms, continue pool rx for fms. There is no documentation of specific functional goals of additional aquatic therapy, no mention of how many visits were already completed and no documentation of any objective functional benefit from the aquatic therapy treatment such as ability to participate in more activities of daily living, independently exercise or reduction in need for medical treatment.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Aquatic therapy 3 times per week for 12 weeks in treatment of the right elbow and right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aqua therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines part 2, Aquatic therapy, Physical Medicine, Page(s): 22 98-99.

**Decision rationale:** There is mention of morbid obesity and aquatic therapy is recommended by the MTUS is an optional form of exercise therapy where available as an alternative because it can minimize the effects of gravity. It does appear the patient had some aquatic therapy, although the number of sessions was not mentioned but 12 were requested. MTUS guidelines allow for fading of treatment frequency from 2-3 visits per week to 1 or less with active self-directed home physical medicine. There was no documentation that the patient was participating in any self-directed home physical medicine. There is no documentation of any objective functional benefit from the initial course of aquatic therapy. MTUS guidelines do not support ongoing treatment without functional benefit such as reduction in dependence on medical treatment and increase in functional activities, not documented here. Therefore, based upon the evidence and the guidelines, this is not considered to be medically necessary.