

Case Number:	CM14-0173242		
Date Assigned:	10/24/2014	Date of Injury:	02/10/2010
Decision Date:	11/25/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/20/2014

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 Emergency 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:

The injured worker is a 58 year-old female, who sustained an injury on February 10, 2010. The mechanism of injury is not noted. Diagnostics have included: March 20, 2014 x-rays of the left hip and pelvis reported as showing prosthetic replacements of both hips. Treatments have included walking aides, aquatic therapy, hip replacements, and medications. The current diagnoses are: bilateral hip degenerative joint disease, status post bilateral hip replacements. The stated purpose of the request for continued aquatic therapy, unspecified frequency/duration for the left hip was not noted. The request for continued aquatic therapy, unspecified frequency/duration for the left hip was denied on October 3, 2014, citing a lack of documentation of inability to tolerate land-based therapy. Per the report dated August 27, 2014, the treating physician noted complaints of difficulty ambulating. Exam findings included use of a cane for ambulation, positive straight leg raising test, hip flexion at 65 degrees.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continue aquatic therapy, unspecified frequency/duration for the left hip: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22, 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: The requested aquatic therapy, unspecified frequency/duration for the left hip is not medically necessary. The MTUS Chronic Pain Medical Treatment Guidelines, Aquatic Therapy, page 22, note that 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." The injured worker has difficulty ambulating. The treating physician has documented use of a cane for ambulation, positive straight leg raising test, hip flexion at 65 degrees. The treating physician has not documented failed land-based therapy or the patient's inability to tolerate a gravity-resisted therapy program nor objective evidence of derived functional improvement from completed therapy sessions. The criteria noted above not having been met, Continue aquatic therapy, unspecified frequency/duration for the left hip is not medically necessary.