

Case Number:	CM14-0030363		
Date Assigned:	06/20/2014	Date of Injury:	01/22/2010
Decision Date:	08/13/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	03/10/2014

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 Orthopedic Surgery 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 claimant is 54 years old with a reported industrial injury dated 1/22/10. Claimant is status post left total hip replacement on 5/29/13 and right total hip replacement on 9/26/12. Exam note 10/15/13 demonstrates complaints of bilateral hip pain. Claimant is status post 6 postoperative physical therapy sessions to left hip. Exam demonstrates small nodule on the right hip with tenderness in the hip and decreased range of motion in the hips. Exam note from 1/24/14 demonstrates patient with pain in the hips. Physical exam demonstrates healed incisions without signs of infection, tenderness over the hips.

IMR ISSUES, DECISIONS AND RATIONALES

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

Water therapy 2 X 4 weeks of the bilateral hip: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy.

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

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) /Chronic Pain Medical Treatment Guidelines, Aquatic Therapy, page 22 states: "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." In this case the exam notes from 10/15/13 and 1/24/14 do not demonstrate prior response to either land or water therapy. Therefore further visits have not been demonstrated, as there is a lack of functional improvement demonstrated. Therefore the requested treatment is not medically necessary and appropriate.