

Case Number:	CM14-0065425		
Date Assigned:	07/11/2014	Date of Injury:	09/04/1996
Decision Date:	09/08/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	05/08/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 64 year-old male with the date of injury of 09/04/1996. The patient presents with bilateral hip pain, left side worse than right. There is gross loss of range of motion of the hip with crepitation. Radiculopathy is significant; however, it is more from the crepitus from the hip than a true radiculopathy. The patient rates his pain as 8/10 on the pain scale. According to [REDACTED] report on 02/10/2014, diagnostic impressions are: 1) Pain, lumbar spine. 2) Pain, left hip. [REDACTED] requested for a total of 12 sessions of aquatic therapy. The utilization review determination being challenged is dated on 04/16/2014. [REDACTED] is the requesting provider, and he provided two treatment reports on 11/05/2013 to 4/7/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy 2xwk x 6wks Bilateral Hips: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The patient presents with pain in his hips bilaterally. The request is for aquatic therapy, twice a week 6 weeks for bilateral hips. [REDACTED] report on 03/24/2014 indicates that the patient is 5'8" and 225 lbs. On 1/6/14 reports, he would like the patient to lose weight through aqua therapy to be considered for arthroplasty of the bilateral hips. [REDACTED] report on 03/24/2014 indicates that the patient has had some aqua therapy in the past. MTUS page 22 states 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." In this case, the treater has asked for therapy but does not discuss how the patient responded to therapy previously; how much weight was reduced via how many sessions and does not mention what can be expected realistically. The patient does not discuss home exercise either. Furthermore, there is no report indicate whether that patient needs reduced weight bearing or extremely obese. The request is not medically necessary.