

<b>Case Number:</b>	CM14-0078560		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	05/29/2012
<b>Decision Date:</b>	04/21/2015	<b>UR Denial Date:</b>	05/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/28/2014

### 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. 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: Illinois, California, Texas  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 60-year-old male who sustained an industrial injury on 5/29/12. The mechanism of injury was not documented. The 3/20/14 treating physician notes indicated the injured worker was 6 months status post left total hip arthroplasty and 9 months status post right total hip arthroplasty. He reported continued bilateral lower extremity pain radiating towards the knees, and up into the buttocks and incision laterally. He was taking Naprosyn and Tramadol. Physical exam documented a well-healed incision, incisional and buttock tenderness, and limited lumbar range of motion with paraspinal spasms. Hip range of motion was documented as flexion 90, external rotation 30, internal rotation 10, and abduction 30 degrees, with adduction to midline. X-rays showed bilateral hip arthroplasties with screw fixation to the acetabulum, proper placement of prostheses, and no evidence of loosening. Records indicated that the patient had significant pre-operative deconditioning and was diagnosed with bilateral knee arthritis and degenerative spondylolisthesis L4/5 with lumbar spinal stenosis and neurogenic claudication. A 4/28/14 request for aqua therapy three times per week for 4 weeks for the bilateral hips was submitted. The 5/15/14 utilization review non-certified the request for aqua therapy 3x4 for the bilateral hips as there was no detailed documentation of prior physical therapy relative to number of visits completed and functional response to therapy. Additionally, there was no documentation as to why aquatic therapy would be required over land-based therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aqua Therapy 3x a week for 4 weeks for bilateral hips: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Hip, Pelvis and Thigh (Femur), Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation, online edition, Chapter, Hip and Pelvis.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Introduction, Aquatic therapy, Physical Medicine Page(s): 9, 24, 98-99, Postsurgical Treatment Guidelines Page(s): 23.

**Decision rationale:** The Medical Treatment Utilization Schedule guidelines recommend aquatic therapy 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. The MTUS Post-Surgical Treatment Guidelines do not apply to this case as the 4-month postsurgical physical medicine treatment period had expired. MTUS Chronic Pain Medical Treatment Guidelines would apply. The MTUS guidelines recommend therapies focused on the goal of functional restoration rather than merely the elimination of pain. The physical therapy guidelines state that patients are expected to continue active therapies at home as an extension of treatment and to maintain improvement. In general, guidelines support 9 to 10 visits for myalgia/myositis. Guideline criteria have not been met. This patient presented with continued bilateral hip pain 6 and 9 months status post total hip arthroplasties. He had restriction in bilateral hip range of motion. There was no documentation in the available records relative to post-operative physical therapy treatment (land versus aquatic therapy), number of visits, instruction in home exercise program, or functional benefit. This request exceeds guideline recommendations for therapy in chronic pain. There is no compelling reason to support the medical necessity of aquatic therapy over an independent home exercise program to achieve further rehabilitative goals. Therefore, this request is not medically necessary.