

<b>Case Number:</b>	CM15-0163629		
<b>Date Assigned:</b>	08/31/2015	<b>Date of Injury:</b>	03/13/1997
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	08/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 56-year-old female who sustained an industrial injury on March 13, 1997 resulting in pain in her low back and both hips. Diagnoses include Arthropathy of pelvic region and right thigh, bilateral hip osteoarthritis, lumbago, right-sided trochanteric bursitis, and backache not otherwise specified. Documented treatment has included hip intra-articular injections noted to have been helpful in the past relieving pain by as much as 80 percent, home exercise, and medications including Flexeril, Ibuprofen, and Vicodin. The injured worker continues to report flare-ups of bilateral hip pain, which also interferes with sleep and mobility. The treating physician's plan of care includes a foam roller and 12 sessions of aquatic therapy for the pelvis, right thigh, lumbar spine, and bilateral hips. Work status is permanent and stationary and work with restrictions only.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Foam Roller:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Centers for Medicare & Medicaid Services

(CMS) and on the Non-MTUS Blue Cross of California Medical Policy Durable Medical Equipment CG-DME-10.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

**Decision rationale:** The claimant has a remote history of a work injury occurring in March 1997 and is being treated for low back and bilateral hip, buttock, and groin pain. When seen, a right total hip replacement was being planned with the procedure to be done in 2 1/2 months. The assessment also references needing a left total hip replacement. Physical examination findings included decreased and painful hip range of motion with bilateral trochanteric through iliotibial band tenderness. There was a slow and antalgic gait and pain when initiating ambulation. Her BMI was over 31. Authorization for aquatic therapy as a means of strengthening prior to her having hip surgery and a foam roller were requested. In terms of an independent exercise program, patients are expected to continue active therapies at home. Compliance with an exercise program would be expected and would not require specialized equipment. The requested foam roller is not medically necessary.

**Aquatic therapy for the pelvic, right thigh, lumbar spine and bilateral hips, QTY: 12:**  
Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6: p87.

**Decision rationale:** The claimant has a remote history of a work injury occurring in March 1997 and is being treated for low back and bilateral hip, buttock, and groin pain. When seen, a right total hip replacement was being planned with the procedure to be done in 2 1/2 months. The assessment also references needing a left total hip replacement. Physical examination findings included decreased and painful hip range of motion with bilateral trochanteric through iliotibial band tenderness. There was a slow and antalgic gait and pain when initiating ambulation. Her BMI was over 31. Authorization for aquatic therapy as a means of strengthening prior to her having hip surgery and a foam roller were requested. A trial of aquatic therapy is recommended for patients with chronic low back pain or other chronic persistent pain who have co-morbidities such as obesity or significant degenerative joint disease that could preclude effective participation in weight-bearing physical activities. In this case, the claimant is noted to be obese and a trial of pool therapy would likely be appropriate. However, in terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. If there was benefit, transition to an independent pool program would be expected and would not be expected to require the number of requested treatments. The number of treatments is in excess of what would be required to establish a strengthening program. The request is not medically necessary.