

<b>Case Number:</b>	CM15-0193194		
<b>Date Assigned:</b>	10/07/2015	<b>Date of Injury:</b>	06/22/2008
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	09/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 51 year old female, who sustained an industrial injury on 6-22-2008. Several documents included in the submitted medical records are difficult to decipher. The injured worker was being treated for left hip trochanteric bursitis and sprain, left hip pain, lumbar spine pain, and lumbar spine sprain and strain with bilateral lower extremities radiculopathy. Medical records (5-28-2015) indicate ongoing left hip pain. The physical exam (5-28-2015) revealed positive Fabere's and Trendelenburg's. There was left hip flexion of 45, extension of 15, abduction of 18, adduction of 10, internal rotation of 22, and external rotation of 20. Medical records (6-24-2015 to 7-28-2015) indicate ongoing left hip and lumbar spine pain. The physical exam (6-24-2015 to 7-28-2015) revealed the injured worker walked with a walker and increased weight on the right lower extremity with stance and gait. There were positive Fabere's and Trendelenburg, and severe tenderness to palpation of the left greater trochanteric bursa. There was left hip flexion of 45, extension of 15, abduction of 18, adduction of 10, internal rotation of 22, and external rotation of 20. There was tenderness to palpation with spasms of the bilateral paravertebral muscles of the lumbar spine and decreased active range of motion. Per the treating physician (6-24-2015 report), x-rays of the right hip from 10-24-2014 revealed the prosthesis was in good position and x-rays of the left hip from 6-24-2015 revealed findings within normal limits. Surgeries to date have included a right total hip replacement on 10-6-2014. Treatment has included at least 12 sessions of land-based physical therapy for right total hip replacement, temporary total disability, home health care, a rolling seated walker, a left hip steroid injection, and medications including oral pain, topical pain, proton pump inhibitor, and non-steroidal anti-inflammatory. In addition, the medical records indicate that the injured

worker underwent at least 2 sessions of aquatic therapy between 6-2-2015 and 6-10-2015. Per the treating physician (7-28-2015 report), the injured worker was to remain temporarily totally disabled. The requested treatments included 4 sessions of acupuncture for the right hip and lumbar spine. On 9-23-2015, the original utilization review non-certified a request for 4 sessions of acupuncture for the right hip and lumbar spine.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Aquatic therapy, left hip and lumbar spine, 1 time weekly for 4 weeks, 4 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy.

**Decision rationale:** Aquatic Therapy does not seem appropriate as the patient has received land-based Physical therapy. There is no records indicating intolerance of treatment, incapable of making same gains with land-based program nor is there any medical diagnosis or indication to require Aqua therapy at this time. The patient is not status-post recent lumbar or knee surgery (hip surgery in October 2014, over 1 year ago) nor is there diagnosis of morbid obesity requiring gentle aquatic rehabilitation with passive modalities and should have the knowledge to continue with functional improvement with a Home exercise program. The patient has completed formal sessions of PT and there is nothing submitted to indicate functional improvement from treatment already rendered. There is no report of new acute injuries that would require a change in the functional restoration program. There is no report of acute flare-up and the patient has been instructed on a home exercise program for this injury. Per Guidelines, physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and functional status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. Submitted reports have not adequately demonstrated the indication to support for the pool therapy. The Aquatic therapy, left hip and lumbar spine, 1 time weekly for 4 weeks, 4 sessions is not medically necessary and appropriate.