

<b>Case Number:</b>	CM14-0122263		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	07/12/2011
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	07/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/04/2014

### 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 General Surgery, has a subspecialty in Surgical Critical Care and is licensed to practice in Texas. 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 injured worker is a 51 year old female who was injured on July 12, 2011. The diagnoses listed as lumbosacral spondylosis without myelopathy (721.3). The most recent progress note dated 5/19/14, reveals complaints of back pain but less. The injured worker had a radiofrequency ablation about two weeks prior to 5/19/14 visit, and has received authorization for gastric bypass. Physical examination reveals ambulating comfortably no longer using a cane, able to climb onto exam table without discomfort at this time, hip range of motion is sleeping and easing bilaterally. Prior treatment includes medications, radiofrequency ablation, facet joint medial branch injection right total hip arthroplasty 10/2/2012, total hip arthroplasty 3/20/2013. No record of physical therapy (PT) notes are available for review, however, PT was mentioned on the 4/11/14 visit. The injured worker reports she received four to six PT visits, three sessions per week for six weeks was recommended. Work status is currently temporary total disability (TTD). Diagnostic imaging studies reviewed this visit include Xrays dates 5/19/14 2 views of the left hip one year postoperative, well seated total hip arthroplasty, no sign of loosening or wear. A prior utilization review determination dated 7/18/14 resulted in denial of pool therapy three times per week for six weeks for the bilateral hips.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pool Therapy 3x6, bilateral hips:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis, Physical therapy

**Decision rationale:** The claimant has undergone bilateral hip replacement. There was an Agreed Medical Examination on 4/ 11/14 who opines that further rehabilitative Physical therapy was medically necessary. The claimant has a comorbidity of low back pain such that aquatic therapy is reasonable. Therefore the request is medically necessary.