

Case Number:	CM14-0146070		
Date Assigned:	09/12/2014	Date of Injury:	07/20/2012
Decision Date:	05/29/2015	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	09/08/2014

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. 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 29 year old female, who sustained an industrial injury on 7/20/12. The injured worker has complaints of right hip pain. The diagnoses have included right hip labral tear and right hip cam impingement. Treatment to date has included injections; right hip arthroscopic labral repair and right hip femoral neck resection. The request was for aqua therapy 2x week for 6 weeks of the hip.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua Therapy 2x week for 6 weeks of the hip: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip & Pelvis, Aquatic Therapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chronic Pain, p87.

Decision rationale: The claimant sustained a work-related injury in July 2012 and underwent an arthroscopic right hip labral repair with femoral neck resection in June 2014. When seen, she was 2 weeks status post surgery. There was pain with hip range of motion. The claimant's BMI is 28. Aquatic therapy is recommended for patients with conditions where there are comorbidities that would be expected to preclude effective participation in weight bearing physical activities. In this case, although the claimant is obese, her surgery was uncomplicated and she was able to ambulate with minimal discomfort. She would be expected to be able to participate in conventional land based physical therapy treatments. The request was therefore not medically necessary.