

Case Number:	CM15-0018469		
Date Assigned:	02/06/2015	Date of Injury:	07/06/2010
Decision Date:	03/30/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	01/30/2015

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, Arizona

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 42-year-old female who reported an injury on 07/06/2010. The mechanism of injury was not stated. The current diagnoses include anemia and enthesopathy of the hip. The injured worker presented on 01/09/2015 for a followup evaluation with complaints of right hip lateral pain. The injured worker has been previously treated with physical therapy and medication management. It was also noted that the injured worker was currently utilizing Norco. Additional medications included ibuprofen 800 mg, Ambien 10 mg, and Naprosyn 500 mg. Upon examination of the right hip, there was tenderness to palpation over the lateral trochanteric region with hypersensitivity to light touch. The injured worker was instructed to resume physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy/Pool Therapy for the Right Hip 2 times a week for 8 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines; Aquatic Therapy Page(s): (s) 99, 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

Decision rationale: California MTUS Guidelines recommend aquatic therapy as an optional form of exercise therapy as an alternative to land based physical therapy. Aquatic therapy can minimize the effects of gravity, so it is specifically recommended where reduced weightbearing is desirable. In this case, there was no indication that this injured worker was unable to participate in land based physical therapy. There was no indication of the need for reduced weightbearing. Additionally, it was noted that the injured worker had participated in a previous course of physical therapy/pool therapy for the right hip. However, there was no documentation of the previous course with evidence of significant functional improvement. Additional treatment would not be supported. As such, the request is not medically appropriate at this time.