

<b>Case Number:</b>	CM15-0114581		
<b>Date Assigned:</b>	06/22/2015	<b>Date of Injury:</b>	08/29/2012
<b>Decision Date:</b>	07/22/2015	<b>UR Denial Date:</b>	06/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/15/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal Medicine

### 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 50-year-old, male who sustained a work related injury on 8/29/12. The diagnoses have included left hip pain and status post left hip replacement on 12/4/14. Treatments have included chiropractic treatments, a home exercise program, acupuncture, left hip surgery, left hip injections, medications and physical therapy. In the PR-2 dated 5/20/15, the injured worker complains of back and left hip pain. His left hip range of motion is self-limited to 90 degrees. He has difficulty with internal or external rotation of the left hip. FABER's maneuver is positive. The treatment plan includes a request for authorization of 8 sessions of aquatic therapy for left hip.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic Therapy to Left Hip Sessions QTY: 8: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Aquatic therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, aquatic therapy to the left hip #8 sessions is not medically necessary. Aquatic therapy is recommended as an optional form of exercise therapy, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity so it is specifically recommended where reduced weight-bearing is desirable, for example extreme obesity. Unsupervised pool use is not aquatic therapy. In this case, the injured worker's working diagnoses are low back pain; left hip pain; left intra-articular hip injection on January 15, 2013; and status post left total hip replacement December 4, 2014. According to the documentation medical record the injured worker, as of January 8, 2015 received physical therapy first visit. According to a January 18, 2015 progress note, the injured worker received seven out of eight physical therapy sessions. The total number of prior physical therapy and aquatic therapy sessions (post surgery) is not documented in the medical records. According to a progress note dated May 20, 2015 (request for authorization May 27, 2015), the injured worker ambulates with the use of a cane. There were no other objective findings noted in the medical record. There are no additional progress notes in the medical record documenting objective functional improvement. The treatment plan states the injured worker is to receive further rehabilitation of the left hip and to increase range of motion. There is no documentation in the medical record indicating reduced weight-bearing is desirable. There were no weights in the medical record and no BMI in the medical record. Consequently, absent clinical documentation with the clinical indication and rationale for aquatic therapy, reduced weight-bearing, previous progress notes with documentation of objective functional improvement (physical therapy and aquatic therapy), aquatic therapy to the left hip #8 sessions is not medically necessary.