

<b>Case Number:</b>	CM15-0115065		
<b>Date Assigned:</b>	06/23/2015	<b>Date of Injury:</b>	11/07/2005
<b>Decision Date:</b>	07/22/2015	<b>UR Denial Date:</b>	05/27/2015
<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: 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 54-year-old female, who sustained an industrial injury on 11/7/05. She has reported initial complaints of a motor vehicle accident while working. The diagnoses have included status post joint replacement left hip and complications of internal joint prosthesis. There is also a history of right total hip arthroplasty done 7/30/13 and osteoarthritis. Treatment to date has included medications, activity modifications, consultations, diagnostics, surgery, physical therapy and home exercise program (HEP). Currently, as per the physician progress note dated 5/6/15, the injured worker returns for x-ray review seven and a half month's post revision of left total hip replacement on 9/23/14. She ambulates with use of a walker due to her low back pain. She notes decreased strength in the right hip and quad muscles. Formal physical therapy has ended and she is inquiring about it being resumed to strengthen the right leg. The physical exam reveals she is overweight and using a walker to ambulate. The left hip exam reveals mild swelling and well healed incision. The right hip exam reveals strength 4/5. The physician notes that the x-ray of the left hip demonstrates status post left revision total hip replacement with no evidence of loosening and no leg lengthening inequality. There is no previous diagnostic reports noted in the records and there is no previous physical therapy sessions noted. The physician requested treatments included Aqua therapy - right hip x 8 visits to further strengthen the right hip muscles and Aqua therapy - left hip x 8 visits status post revision of left total hip replacement on 9/23/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aqua therapy - right hip x 8 visits: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Aquatic therapy.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6: p87.

**Decision rationale:** The claimant sustained a work-related injury in November 2005 and underwent a right total hip replacement in July 2013 and left total hip replacement revision surgery in September 2014. When seen, she had no left hip complaints or pain and was 7.5 months status post surgery. She was using a walker due to back pain. There was mild left hip swelling and decreased right hip strength. Her BMI was nearly 36. The claimant is being treated for chronic pain with no new injury to the lumbar spine and her right hip surgery was nearly two years ago. She is being treated for chronic pain. A trial of aquatic therapy is recommended for patients with chronic low back pain or other chronic persistent pain who have co-morbidities such as obesity or significant degenerative joint disease that could preclude effective participation in weight-bearing physical activities. In this case, the claimant is noted to be obese and a trial of pool therapy would likely be appropriate. However, in terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. If there was benefit, transition to an independent pool program would be expected and would not be expected to require the number of requested treatments. The request is not medically necessary.

**Aqua therapy - left hip x 8 visits: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Aquatic therapy.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

**Decision rationale:** The claimant sustained a work-related injury in November 2005 and underwent a right total hip replacement in July 2013 and left total hip replacement revision surgery in September 2014. When seen, she had no left hip complaints or pain and was 7.5 months status post surgery. She was using a walker due to back pain. There was mild left hip swelling and decreased right hip strength. Her BMI was nearly 36. The claimant is being treated for chronic pain with no new injury to the lumbar spine and her right hip surgery was nearly two years ago. She is being treated for chronic pain. A trial of aquatic therapy is recommended for patients with chronic low back pain or other chronic persistent pain who have co-morbidities such as obesity or significant degenerative joint disease that could preclude effective participation in weight-bearing physical activities. In this case, the claimant is noted to be obese and a trial of pool therapy would likely be appropriate. However, the claimant is not having any

left hip complaints and requesting therapy for the left hip was not appropriate or medically necessary.