

<b>Case Number:</b>	CM15-0121682		
<b>Date Assigned:</b>	07/02/2015	<b>Date of Injury:</b>	11/30/2012
<b>Decision Date:</b>	07/31/2015	<b>UR Denial Date:</b>	06/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2015

### 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 31 year old female, who sustained an industrial injury on 11/30/2012. The mechanism of injury is unknown. The injured worker was diagnosed as having right hip sprain/strain exacerbation and history of a right hip labral tear. There is no record of a recent diagnostic study. Treatment to date has included therapy and medication management. In a progress note dated 4/27/2015, the injured worker complains of pain in the right shoulder and right wrist rated 4-5/10, right elbow pain rated 6/10 and pain in the right hip rated 2-3/10. Physical examination showed tenderness to the right shoulder, right elbow, right wrist and right hip. The treating physician is requesting 12 aquatic therapy sessions for the left hip.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 aquatic therapy two times a week for six weeks for the left hip: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines; Work Loss Data Institute, LLC; Corpus Christi, TX; www.odg-twc.com; Section: Hip & Pelvis (Acute & Chronic) (updated 10/09/2014).

**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 2012 and continues to be treated for right shoulder, elbow, wrist, and hip pain. She has a diagnosis of a right hip labral tear. When seen, there was right hip tenderness. Hip pain was rated at 3/10. Aquatic therapy for the right hip was requested. 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 has a history of a right hip labral tear and has hip pain. 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.