

Case Number:	CM15-0126957		
Date Assigned:	07/17/2015	Date of Injury:	05/24/2013
Decision Date:	08/19/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/01/2015

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: Texas, California

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 34-year-old female patient who sustained an industrial injury on 05/24/2013. Diagnoses include right hip labral tear and congenital hip dysplasia. Per the doctor's note dated 4/23/15, she had complaints of right hip pain, left knee contusion with chronic pain. She was walking without a cane. The physical examination revealed normal gait and able to do half squat. According to the progress notes dated 4/2/15, she had complaints of discomfort with sitting for prolonged periods. She was status post right hip replacement on 2/18/15. She was following hip precautions of avoiding extreme hip range of motion. On examination, she walked with a limp, using a cane. She was seated primarily at an angle of greater than 90 degrees. The current medications list is not specified in the records provided. Treatment to date has included right total hip replacement on 2/18/15 and post-operative physical therapy, crutches, home exercise program and acupuncture. A request was made for 90-day pool membership for swimming therapy for the right hip as recommended by orthopedics.

IMR ISSUES, DECISIONS AND RATIONALES

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

90 day pool membership for swimming therapy right hip: 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 rationale: 90 day pool membership for swimming therapy right hip per MTUS guidelines, aquatic therapy is "Recommended as an optional form of exercise therapy, where available, 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." Per the doctor's note dated 4/23/15, she was walking without a cane. The physical examination revealed normal gait and able to do half squat. Any contraindication to land-based physical therapy or a medical need for reduced weight bearing status is not specified in the records provided. Lack of response to previous land based physical therapy was not specified in the records provided. The medical necessity of 90- day pool membership for swimming therapy right hip is not medically necessary for this patient.