

<b>Case Number:</b>	CM15-0177761		
<b>Date Assigned:</b>	09/18/2015	<b>Date of Injury:</b>	08/28/2013
<b>Decision Date:</b>	10/21/2015	<b>UR Denial Date:</b>	08/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2015

### 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: Utah, Arkansas

Certification(s)/Specialty: Family Practice, Sports 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 67 year old female, who sustained an industrial-work injury on 8-28-13. She reported initial complaints of right knee and hip pain. The injured worker was diagnosed as having status post total hip replacement, anterior approach, right knee patellofemoral pain and chondromalacia. MRI (magnetic resonance imaging) results of the right lower extremity reveals diffuse patellar chondral thinning and smoothly marginated high grade cartilage loss at the lower lateral facet with preserved subjacent marrow signal, patella alta is noted and small joint effusion. Treatment to date has included medication and durable medical equipment. Currently, the injured worker complains of right hip pain with weakness and difficulty walking. Right knee has pain, swelling, and tightness. Two walking sticks are used for ambulation and a self-procured knee brace on the right. She is unable to resume her usual job duties and alternative job. She is not regularly taking any medication for relief of right lower extremity symptoms. Per the primary physician's progress report (PR-2) on 7-29-15, exam notes slight right antalgic pattern with ambulation, weakness of right hip flexion with slight circumduction of the right lower extremity and increased pelvic rotation during swing phase, and is full weight bearing bilaterally. Hip range of motion is unchanged with pain with right hip internal rotation. She is unable to demonstrate antigravity flexion of the right hip. Current plan of care includes referral for second opinion by a joint replacement specialist due to persistent weakness and pain. Quadriceps strengthening exercises are severely restricted as a result but she indicates that exercises in a pool are well tolerated. The Request for Authorization requested service that included Pool therapy QTY: 12. The Utilization Review on 8-17-15 denied the request for aquatic therapy since there was no documentation of intolerance to land based therapy per CA MTUS (California Medical Treatment Utilization Schedule), Chronic Pain Medical Treatment 2009.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Pool therapy QTY: 12:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy.

**Decision rationale:** MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Aquatic therapy. It is unclear if the patient has previously completed sessions of therapy. There is no current indication for aquatic therapy sessions and why this cannot be completed as land therapy. According to the clinical documentation provided and current MTUS guidelines, Aquatic therapy is not indicated as a medical necessity to the patient at this time. Therefore, the request is not medically necessary.