

Case Number:	CM15-0065140		
Date Assigned:	04/13/2015	Date of Injury:	06/04/2012
Decision Date:	05/11/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	04/07/2015

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 59 year old male who sustained an industrial injury on 6/4/12. The injured worker reported symptoms in the back, left hip and left lower extremity. The injured worker was diagnosed as having pain in joint - pelvis thigh, sciatica, lumbar fracture and disorders - sacrum. Treatments to date have included a cortisone injection, epidural steroid injection, status post arthroscopic debridement of the left hip (6/20/13), nonsteroidal anti-inflammatory drugs, and proton pump inhibitor. Currently, the injured worker complains of pain in the back, left hip and left lower extremity. The plan of care was for aquatic therapy and a follow up appointment at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of aquatic therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip & Pelvis Chapter, Physical Medicine Treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Preface, physical

therapy and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6: p87.

Decision rationale: The claimant is nearly 3 years status post work-related injury and continues to be treated for left hip pain. He underwent arthroscopic surgery in June 2013. He underwent a trial of 12 sessions of pool therapy completed on 01/23/15 and reported significant improvement. When seen, he had been able to perform strengthening exercises with less pain. He had ongoing pain with hip range of motion. 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 osteoarthritis of the hips and has undergone left hip surgery. Although he has a normal BMI, a trial of pool therapy was indicated. However, the claimant does not require ongoing skilled therapy treatments. He can be appropriately transitioned to an independent pool program. The additional requested skilled therapy sessions do not reflect a fading of treatment frequency and are not medically necessary.