

<b>Case Number:</b>	CM15-0095696		
<b>Date Assigned:</b>	05/22/2015	<b>Date of Injury:</b>	11/28/2009
<b>Decision Date:</b>	06/25/2015	<b>UR Denial Date:</b>	05/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/18/2015

### 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 77 year old female, who sustained an industrial injury on 11/28/2009. She reported low back and hip pain due to lifting. Diagnoses have included chronic low back pain with distant history of L5-S1 fusion and chronic right hip joint pain with severe osteoarthritis. Treatment to date has included magnetic resonance imaging (MRI), physical therapy, acupuncture and medication. According to the progress report dated 4/16/2015, the injured worker complained of right hip pain, groin pain and low back pain. She rated her right hip and groin pain as 9/10. She reported trouble sleeping. The injured worker was taking Tylenol for pain. She stated she had not been able to exercise at all. Exam of the lumbar spine revealed reduced range of motion. There was tenderness to palpation in the right side of the low back. There was pain with range of motion of the right hip. Patrick's maneuver was positive in the right hip. The injured worker was walking slowly and heavily limping, favoring the right side. Authorization was requested for aquatic therapy for the lumbar spine and right hip.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Aquatic Therapy, 3 times a week for 4 weeks for the lumbar spine and right hip: Upheld**

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

**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 injury in November 2009. She continues to be treated for back and right hip into groin pain. She has advanced osteoarthritis of the right hip and hip replacement surgery has been recommended. When seen, pain was rated at 9/10. The claimant's BMI is 31.5. She had significantly decreased right hip range of motion with pain. Patrick's testing was positive. She had a slow antalgic gait, heavily relying on the use of a cane. There was decreased lumbar spine range of motion with tenderness. Straight leg raising was negative. 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 require the number of requested treatments. Therefore, the request is not medically necessary.