

<b>Case Number:</b>	CM13-0002943		
<b>Date Assigned:</b>	01/10/2014	<b>Date of Injury:</b>	09/07/2010
<b>Decision Date:</b>	03/20/2014	<b>UR Denial Date:</b>	07/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine and is licensed to practice in Illinois. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 claimant is a 68 year old male with date of injury 9/7/2010. Per progress note dated 1/13/2104, the claimant was injured when he got off his truck, stepping down and twisting his knee, slipping and grabbing the truck with both hands, pulling his shoulders and had instant injury and pain in his right knee. On 10/2/2010 he had his first right knee MRI that showed medial compartment syndrome with degenerative meniscal tear and small joint effusion. There was also a popliteal artery aneurysm. He had a CT angiogram of his abdominal aorta which showed bilateral aneurysms of both knees. On 11/23/2010 he had stent placement for both aneurysms. Both shoulders had complete tears of the rotator cuff with internal joint derangement. In 6/2011 he had right knee arthroscopy with repair of meniscus, but subsequently did not recover well with ongoing severe pain in his right knee. In 4/2012 he had right shoulder cuff repair and did well until he had sudden onset of severe pain in his shoulder and a felt a pop. In 9/2012 it was decided that he needed repeat shoulder surgery, and possibly replacement of the right shoulder. Because of his size and weight, it was recommended that he have general surgery consultation for Lap-Band surgery prior to having knee or shoulder surgery. The Lap-Band surgery has not happened, and subsequently the other surgeries haven't happened either. He currently has severe knee pain, is benefiting from acupuncture, and benefitting mostly from aquatic therapy. The claimant has gained over 70 pounds since his injury, currently weighting over 325 pounds. On exam he appears uncomfortable, short of breath and extremely overweight. Cervical spine has marked decreased range of motion without radicular pain. Heart has irregularly irregular rhythm with no murmurs. Abdomen is obtunded. Lumbar spine was difficult to evaluate due to severe pain in his knees. Right shoulder shows definite evidence of rotator cuff tear, with abduction on the righth to 60 degrees, on the left to 80 degrees. He can extend his right arm to 60 degrees and left arm to 80 degrees. He has loading test of his right glenoid fossa with

severe pain, and loading pain on the left side with decreased range of motion. Positive Jobe's sign, infraspinatus sign weakness, suprascapularis weakness, and no evidence of SLAP tear. Right knee is grossly abnormal with swelling and edema. Medial collateral and lateral collateral ligaments of both knees are positive with pain. McMurray test is extremely positive. Deep tendon reflexes are decreased in the upper extremities and absent in the right lower extremity. He has decreased sensation to pain and touch on the right L4-5 and L3-4 distributions. He has antalgic gait with a limp. He has no strength in his lower extremities and is weak in his upper extremities. Diagnoses include 1) right knee internal derangement, total, most likely requiring knee replacement 2) right shoulder rotator cuff tear, repaired, now re-torn 3) left shoulder rotator cuff tear 4) asthma 5) cardiovascular atrial fibrillation 6) history of peripheral arterial aneurysms 7) lumbar discogenic disease. Treatment recommendations include medications, bariatric surgery, acupuncture therapy, aquatic therapy, Bionicare knee care system. Claimant needs surgery, but surgeon does not want to do surgery because of his weight. Claimant cannot get weight down because bariatric surgery has been denied and he cannot exercise on land.

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

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

**Aquatic therapy for knees and shoulders (12 sessions): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

**Decision rationale:** The claimant reportedly has benefitted previously from aquatic therapy. He is unable to do land-based physical therapy due to body habitus and severe pain in his knees. It is not clear how many sessions of aquatic therapy and physical therapy the claimant has had previously. Per the physical medicine guidelines, there should be a fading of treatment guidelines, resulting in self-directed physical medicine. However, there is no indication that he is prepared to have a self-guided exercise plan, in or out of water. The request for aquatic therapy to the bilateral knees and bilateral shoulders is determined to be medically necessary.