

<b>Case Number:</b>	CM13-0010135		
<b>Date Assigned:</b>	03/24/2014	<b>Date of Injury:</b>	03/02/2010
<b>Decision Date:</b>	04/30/2014	<b>UR Denial Date:</b>	07/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/12/2013

### 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. The expert reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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/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 applicant is represented [REDACTED] employee who has filed a claim for chronic knee pain associated with an industrial injury sustained on March 2, 2010. Thus far, the applicant has been treated with analgesic medications, transfer of care to and from various providers in various specialties, and prior right knee arthroscopy, partial medial meniscectomy, and partial lateral meniscectomy on October 21, 2011. In a clinical progress note dated June 13, 2013, the attending provider stated that the applicant has been provided with 10 sessions of aquatic therapy which reduced his pain and improved his range of motion. 4/5 right knee strength is noted with a well-healed incision line. The applicant is still having difficulty performing activities of daily living, including sitting, standing, walking, climbing, lifting, pushing, pulling, kneeling, and squatting. An unspecified topical compound was also endorsed. The attending provider stated that he would defer the applicant's work status to an agreed medical evaluator. On August 16, 2013, the attending provider wrote that the applicant would remain off of work, on total temporary disability, as the suggested limitations could not be accommodated by the employer. The attending provider did not describe the applicant's gait. It is stated that some consideration will be given to performing repeat surgery to remove a residual knee cyst.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ADDITIONAL AQUA THERAPY SESSIONS, 12 VISITS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

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

**Decision rationale:** As noted in the MTUS Chronic Pain Medical Treatment Guidelines, aquatic therapy is recommended as an optional form of exercise therapy in those applicants for whom reduced weight-bearing is desirable. In this case, however, it is not clearly stated why reduced weight-bearing is desirable. The applicant's gait and ambulatory status have not been clearly described in the medical records provided for review. It is further noted that the applicant does not appear to have responded favorably to the 10 prior sessions of aquatic therapy. The applicant seemingly remains off of work, on total temporary disability, and remains highly reliant on various oral and topical medications. All of the above, taken together, imply a lack of functional improvement. Therefore, the request for additional aquatic therapy is not certified.