

<b>Case Number:</b>	CM13-0016556		
<b>Date Assigned:</b>	11/06/2013	<b>Date of Injury:</b>	06/07/2011
<b>Decision Date:</b>	01/27/2014	<b>UR Denial Date:</b>	07/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2013

### 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 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 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 applicant has filed a claim for chronic knee and low back pain associated with a reported industrial injury of June 7, 2011. Thus far, the applicant has been treated with the following: analgesic medications; knee steroid injections; Synvisc injections; and transfer of care to and from various providers in various specialties. In a utilization review, the claims administrator denied a request for six months of self-directed aquatic therapy. A document from July 31, 2013, is notable for comments that the applicant reports extreme pain consistent with pes anserine bursitis and chondromalacia patella. She has pain while descending down staircases. She is status post Synvisc injections and steroid injections. Her range of motion is well preserved, albeit with pain. Another knee injection has been performed. The applicant has been asked to obtain a gym membership to aide her in strengthening her right lower extremity. An earlier note dated June 26, 2013 is notable for comments that the applicant is having difficulty descending staircases and hillsides, as well as kneeling. The applicant stands 6 feet tall and weighs 213 pounds. She is asked to obtain six months of self-directed aquatic therapy to reduce her back pain, pursue home exercises, and lose weight.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Self-directed aquatic therapy for six months:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Integrated Treatment/Disability Duration Guidelines - Knee

**Decision rationale:** As noted in the MTUS Chronic Pain Medical Treatment Guidelines, aquatic therapy is indicated as an optional form of exercise therapy in those applicants who are obese and/or have some issue participating in land-based therapy or land-based home exercise. In this case, the applicant is obese, standing 6 feet tall and weighing 213 pounds, has ongoing issues with knee arthritis, is having difficulty doing land-based exercises, and is having difficulty doing kneeling, squatting, and climbing up or down stairs. She is seemingly a good candidate for aquatic therapy. It is further noted that the ODG knee chapter does state that gym memberships are considered options in those applicants in whom a home exercise program has not been effective and in whom there is need for specialized equipment. In this case, there does appear to be a need for a specialized service, specifically the aquatic modality recommended here, in the face of the applicant's obesity and difficulty ambulating. For all these reasons, then, the original review decision is overturned. The request is certified on independent medical review.