

<b>Case Number:</b>	CM13-0019987		
<b>Date Assigned:</b>	01/15/2014	<b>Date of Injury:</b>	08/14/1998
<b>Decision Date:</b>	03/31/2014	<b>UR Denial Date:</b>	08/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2013

### 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 Orthopedic Surgeon, and is licensed to practice in Texas. 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 patient is a 56-year-old female who reported an injury on 08/14/1998. The mechanism of injury was not specifically stated. The patient is diagnosed with pain in a joint of the lower extremity. The patient was seen by [REDACTED] on 07/30/2013. The patient reported ongoing symptoms in the bilateral knees. Physical examination revealed stiffness, 90 degrees flexion, mild effusion, and crepitus. Treatment recommendations included continuation of aquatic therapy twice per week for 4 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **8 Sessions of Aquatic Therapy to Bilateral Knees, 2x4 weeks: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** California MTUS Guidelines state aquatic therapy is recommended as an optional form of exercise therapy, where available as an alternative to land based physical therapy. As per the documentation submitted, the patient has continuously participated in aquatic therapy. Despite ongoing treatment, the patient continues to report persistent pain,

stiffness, and crepitus. Documentation of objective measurable improvement was not provided. Additionally, there is no indication that this patient requires reduced weight bearing as opposed to land based physical therapy. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.