

<b>Case Number:</b>	CM13-0020489		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	11/01/2010
<b>Decision Date:</b>	04/18/2014	<b>UR Denial Date:</b>	08/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/05/2013

### 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 Family Practice 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 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:

This is a 47-year-old male patient with a work related injury on 11/01/2010. The mechanism of injury was an injury to the left knee and left hip, while unloading propane tanks from a trailer and 2 of the tanks came down on top of the patient. The patient was diagnosed with depression, anxiety, and medication-related dyspepsia. The patient is status post left knee surgery. X-rays of the left hip, on 11/10/2010, revealed normal findings. An MRI of the left knee, on 10/28/2011, revealed mild high intensity signal of the distal quadriceps tendon, representing mild tendinosis. A left hip MRI on 08/23/2012 showed unremarkable findings, and a left knee x-ray on 09/05/2012 revealed no fractures, subluxation, or degenerative changes. The patient has undergone 2 surgeries including left knee arthroscopy, partial medial meniscectomy, and extensive synovectomy on 01/31/2011. And then, a left knee revision, arthroscopy, and Final Determination Letter for IMR Case Number [REDACTED] 3 tricompartmental synovectomy and debridement, with a left hip degrader trochanteric bursa cortisone injection on 05/14/2012. Other conservative treatments have included medications, a knee support, injections to the knee and hip, physical therapy, and 24 postoperative sessions. Also, the use of a cane, individual counseling, and psychotherapy has been provided. The patient reportedly has also had acupuncture therapy which reportedly was helpful.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**4 AQUATIC THERAPY SESSIONS:** 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 Aquatic Therapy Page(s): 22.

**Decision rationale:** The CA MTUS Guidelines states aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. For recommendations on the number of supervised visits. Water exercise improved some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities may be required to preserve most of these gains. The request for 4 aquatic therapy sessions is non-certified. Objective findings on 08/07/2013 noted left knee tenderness and decreased range of motion. The CA MTUS Guidelines recommend aquatic therapy as an optional form of exercise therapy. However, the patient has completed prior acupuncture therapy and reports improved pain control and functional improvement. Also, the patient is noted to have completed a prior course of physical therapy; however, the number of sessions provided and the response to that therapy was not provided. There was also a lack of a rationale as to why the patient would need to have decreased weight bearing versus land based therapy. As such, the request is non-certified.