

<b>Case Number:</b>	CM13-0020550		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	12/21/1998
<b>Decision Date:</b>	12/23/2014	<b>UR Denial Date:</b>	08/28/2013
<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 Medicine, and is licensed to practice in Ohio. 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 injured worker is a 59 year old female with a date of injury of 12-21-1998. She has had bilateral knee and hip replacements. She experiences chronic bilateral knee pain, hip pain, and low back pain. She was seen on 6-5-2013 following a fall in which she sustained a left thigh bruise and acutely had swelling of her left knee. Aqua therapy once weekly for 6 weeks was ordered for the lumbar spine, bilateral hips and knees. Her exam revealed a 3+ left knee effusion with generalized left knee tenderness and diminished range of motion, tenderness to palpation of the lumbosacral spine and left hip, and diminished sensation of the right lower extremity. Her diagnoses include knee sprain, s/p bilateral knee and hip arthroplasty, and a lumbar disc bulge. At issue is the medical necessity for aquatic therapy once weekly for 6 weeks ordered on 6-5-2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aqua Therapy:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee, Low Back, and Hip/Pelvis, Physical medicine treatment and aquatic therapy

**Decision rationale:** 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, especially deep water therapy with a floating belt as opposed to shallow water requiring weight bearing, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. Aquatic exercise appears to have some beneficial short-term effects for patients with hip and/or knee osteoarthritis while no long-term effects have been documented. Positive short-term effects include significantly less pain and improved physical function, strength, and quality of life. 9 physical therapy visits over 8 weeks are allowable for knee joint effusions, lumbago, and hip osteoarthrosis. In this instance, the injured worker had an acute exacerbation of her low back, left hip, and left knee pain on or about 6-5-2013 as a consequence of a fall. She is known to be unstable on her feet and has in the past had aquatic therapy in instances where physical therapy was appropriate. Physical medicine treatment for her rightly needs to done with the effects of gravity reduced. Therefore, aquatic therapy once weekly for 6 weeks for the knee, hip, and lumbosacral spine is medically necessary.