

<b>Case Number:</b>	CM13-0021199		
<b>Date Assigned:</b>	01/15/2014	<b>Date of Injury:</b>	07/04/2012
<b>Decision Date:</b>	03/25/2014	<b>UR Denial Date:</b>	08/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/06/2013

### 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 Physical Medicine & Rehabilitation, and is licensed to practice in New York & 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 49-year-old female who reported an injury on 07/04/2012 secondary to a fall. The patient is diagnosed with chondromalacia patella, osteoarthritis of the lower leg, dislocation of the knee, pain in a joint, and contusion of the knee. The patient was seen by [REDACTED] on 08/15/2013. The patient reported a positive response to acupuncture treatment with decreased pain. Physical examination revealed a normal gait with guarding and no effusion. The treatment recommendations included aquatic therapy twice per week for 6 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic therapy two times a week for six weeks for the left knee:** 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:** The 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 for review, there is no indication that this patient requires reduced weight bearing as opposed to land based physical therapy. The patient's

physical examination revealed full range of motion with a normal gait. Based on the clinical information received, the request is non-certified.