

<b>Case Number:</b>	CM13-0021376		
<b>Date Assigned:</b>	11/08/2013	<b>Date of Injury:</b>	08/14/2008
<b>Decision Date:</b>	02/03/2014	<b>UR Denial Date:</b>	09/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2013

### 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 Surgery, 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 patient is a 66-year-old female who was injured in a work related accident on 08/14/08. Recent clinical records for review include a 05/22/13 assessment indicating that the claimant is status post a right knee arthroscopy, medial meniscectomy, and abrasion chondroplasty performed on 03/26/11 with continued complaints of pain. Objective findings showed an antalgic gait with use of a cane and a knee examination with 0 to 130 degrees range of motion, 4/5 motor strength, and no instability. Records at that date indicated the need for continuation of treatment in the form of medication management as well as a referral to pain management as well as request for 48 additional sessions of aquatic therapy. It is unclear at present as to how many formal sessions of aquatic therapy had occurred. The claimant's postoperative course of care does include a significant course of physical therapy for review. Further clinical records, imaging, or treatment are not noted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Forty eight 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.

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Guidelines do recommend the role of physical therapy in the postoperative setting as well as supports the role of aquatic therapy as an optional form of exercise to land based therapy with applicable. Records in this case, however, would not indicate the significant need for forty eight sessions of aquatic therapy given the claimant's current clinical picture and treatment that has been rendered to date. Therapy in the chronic setting is typically limited to nine to ten sessions per guideline criteria. The role of forty eight sessions as requested by question would not be indicated.