

<b>Case Number:</b>	CM13-0022776		
<b>Date Assigned:</b>	11/13/2013	<b>Date of Injury:</b>	06/01/2012
<b>Decision Date:</b>	02/04/2014	<b>UR Denial Date:</b>	08/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2013

### 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 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 44-year-old female who reported an injury on 06/01/2012. The patient is diagnosed as status post left knee surgery, status post injection of the left knee, lumbar sprain and strain, left knee sprain and strain, and gastropathy. The patient was seen by [REDACTED] on 10/03/2013. Physical examination of the left knee revealed tenderness over the medial joint line, patellar tendon and patella, limited range of motion, and positive McMurray's testing. Treatment recommendations included MRI of the left knee and continuation of modified duties.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Decision for 8 Aquatic Therapy for the Left Knee, 2 times a week for 4 weeks, as Outpatient:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM-  
<https://www.acoempracguides.org/knee;Table 2>.

**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. Aquatic therapy can minimize the effects of gravity so it is specifically recommended where reduced weightbearing is desirable. As per the clinical notes submitted, the patient's latest physical examination only revealed tenderness to palpation with slightly diminished range of motion and positive McMurray's testing. There is no indication that this patient is non-weight bearing and requires the need for aquatic therapy as opposed to land-based physical therapy. The medical necessity has not been established. As such, the request is non-certified.