

<b>Case Number:</b>	CM13-0025993		
<b>Date Assigned:</b>	11/22/2013	<b>Date of Injury:</b>	04/21/1997
<b>Decision Date:</b>	01/23/2014	<b>UR Denial Date:</b>	08/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2013

### 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 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 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.

### 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 60-year-old female with a reported date of injury on 04/21/1997. The patient had a history of I & D of the right knee, right TKA revision, complete synovectomy, partial patellar tendon repair, and complex wound closure. The patient presented with pain just around the kneecap, weakness in the proximal muscles, hips, and core, antalgic gait with a stiff right leg, and decreased knee flexion in swing phase. The patient had diagnoses including degenerative disc disease, lumbar, degenerative joint disease, and wound infection, right knee pain. The physician's treatment plan included a request for aquatic therapy 3 times per week for 12 weeks for the right knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continued aquatic therapy three (3) times a week for twelve weeks for the right knee:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22.

**Decision rationale:** The California MTUS guidelines note 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. The guidelines recommend 8-10 sessions over 4 weeks with an initial clinical trial of 6 sessions in order to demonstrate objective functional improvement with therapy. Within the provided documentation, it was unclear of any sessions of aquatic therapy the patient has undergone to date. The requesting physician did not include adequate and complete assessment of the patient's objective functional condition in order to demonstrate the patient's need for aquatic therapy at this time. Additionally, the request for 3 sessions per week for 12 weeks would exceed the guideline recommendations. Therefore, the request for continued aquatic therapy 3 times per week for 12 weeks for the right knee is neither medically necessary, nor appropriate.