

<b>Case Number:</b>	CM13-0039065		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	10/06/2011
<b>Decision Date:</b>	02/10/2014	<b>UR Denial Date:</b>	09/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2013

### 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, has a subspecialty in Interventional Spine 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 39 year-old female with a body mass index (BMI) of 26 and a date of injury on 10/6/11. The UR recommendation dated 9/12/13 responds to the RFA submitted by [REDACTED] and denies 8 additional aqua therapy visits. On [REDACTED] 8/21/13 report, the patient's diagnoses include status post arthroscopic repair of left knee x2, with improvement post physical therapy and sacroiliitis secondary to impaired gait. [REDACTED] notes the patient's chief complaint as left knee pain at 4-5/10 and that the patient claims that aqua therapy is generating strength in the knee for the first time since surgery. The patient received 12 land-based PT visits directly following surgery and 8 aqua therapy visits from 8/8/13 - 9/16/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Request 8 additional aquatic therapy sessions 2 times a week for 4 weeks:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** MTUS postoperative therapy for the procedure performed is 12 visits over a period of 12 weeks, with a postoperative period of 6 months. The RFA for aqua therapy was

received on 8/28/13, do the postoperative period is applicable. Additionally, MTUS recommends the use of aqua therapy "as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy," especially in situations where "reduced weight bearing is desirable, for example extreme obesity." In this case, reducing weight bearing does not appear to be required other than for patient comfort. MTUS provides for continued physical therapy (i.e. aqua therapy) "if it is determined that additional functional improvement can be accomplished after completion of the general course of therapy through the end of the postsurgical physical medicine period." However, the requesting provider supplies no substantive functional improvement such as significant improvement in ADL's, or progress toward return to work, and reduced dependency on medical treatments as defined by Labor Code 9792.20(e). Recommendation is for denial.