

<b>Case Number:</b>	CM13-0042310		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	01/26/2005
<b>Decision Date:</b>	06/13/2014	<b>UR Denial Date:</b>	10/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and 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 expert 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 26 year old male with an injury date of 1/26/05. Based on the 6/3/13 progress report provided by [REDACTED], the patient complains of significant bilateral knee pain and reports of difficulty with prolonged walking, repetitive kneeling, squatting, and ascending and descending flight of stairs. He has tenderness over the lateral aspect of the right knee and displays slight decrease in range of motion with positive crepitus. The patient's diagnoses include internal derangement of the knees, status post arthroscopic meniscectomy, complex head of the medial meniscus, and severe compartmental osteoarthritis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **AQUATIC THERAPY 3 SESSIONS PER WEEK FOR 4 WEEKS TO THE RIGHT KNEE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22, 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22, 98-99.

**Decision rationale:** The 1/14/13 report by [REDACTED] states that this morbidly obese patient started his aquatic therapy in January 2013 and is frustrated at his inability to lose weight. The 6/3/13 report requests 12 additional sessions of water therapy; however, there is no indication of how many sessions the patient has already had and over what time frame. The patient did receive therapy previously, which significantly helped his functionality and range of motion as well as decreased needs of pain medication. The MTUS states that 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 in cases of extreme obesity, for example. In this case, there is documentation of obesity; however, there is no specific indication of how any prior aquatic therapy helped the patient besides that it significantly helped his functionality and range of motion. There are no specific activities of daily living or pain scales given to see the impact the aquatic therapy had on the patient. No reason is provided as to why the patient is unable to tolerate land-based therapy. The MTUS also recommends 8-10 visits over eight weeks for neuralgia, neuritis, and radiculitis, and 9-10 visits for myalgia and myositis. The requested 12 sessions exceeds what is allowed by MTUS. As such, the request is not medically necessary.