

<b>Case Number:</b>	CM13-0046462		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	11/30/2011
<b>Decision Date:</b>	03/20/2014	<b>UR Denial Date:</b>	10/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### 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 and Rehabilitation 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. 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 33-year-old male who reported an injury on November 30, 2011. The patient reportedly injured his right knee secondary to a fall. The patient is diagnosed with a sprain and strain of the cervical spine, sprain and strain of the lumbar spine, status post right knee arthroscopic surgery, sprain and strain of the left knee, anxiety with depression, insomnia, and hypertension. The patient was seen by [REDACTED] on October 09, 2013. The patient reported persistent pain over multiple areas of the body. Physical examination revealed tenderness to palpation over the paracervical and trapezius muscles, tenderness over the paralumbar muscles, negative bilateral straight leg raising, tenderness over the medial joint line, positive McMurray's test, and tenderness over the lateral joint line on the left. Treatment recommendations included aquatic therapy twice per week for four (4) weeks, as well as chiropractic treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**aquatic therapy twice a week for four (4) weeks:** Upheld

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

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

**Decision rationale:** The 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. As per the documentation submitted, the patient's physical examination only revealed tenderness to palpation. The patient demonstrated active and full range of motion in the bilateral lower extremities. Documentation of a previous course of aquatic therapy with treatment duration and efficacy was not provided for review. There is no indication that this patient requires reduced weight-bearing. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.