

<b>Case Number:</b>	CM13-0048255		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	02/03/2010
<b>Decision Date:</b>	03/13/2014	<b>UR Denial Date:</b>	10/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2013

### 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 Pain Management, 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 58 year old female with date of injury 2/3/10. The current request is for aquatic PT sessions. The treating physician report dated 8/21/13 indicates the patient has left knee patellofemoral symptoms from falling on her knee. The current diagnosis is listed as: Patellofemoral pain- The plan was to continue with conservative measures, rehabilitation, "she will be going to water aerobics" and "I think no immediate surgery will help her, but she may have future problems given her persistent pain and findings on MRI". The utilization review report dated 10/30/13 denied the aquatic PT sessions based on MTUS guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aqua physical therapy left knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The patient has chronic left knee pain. The treating physician report dated 8/21/13 states "The patient returns for evaluation of her left knee patellofemoral symptoms, point

tenderness along patellofemoral joint." The patient's therapy history was not provided based on the reports available for review. The treating physician does not discuss what is to be accomplished with aqua therapy other than to address subjective pain. There are no weight issues, and no explanation as to why the patient would not be able to tolerate land-based therapy. For aquatic therapy MTUS guidelines states it "minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity." This patient does not present with extreme obesity or a situation where weight bearing is difficult. Recommendation is for denial.