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| <b>Case Number:</b>   | CM13-0056314 |                              |            |
| <b>Date Assigned:</b> | 12/30/2013   | <b>Date of Injury:</b>       | 08/23/2010 |
| <b>Decision Date:</b> | 03/20/2014   | <b>UR Denial Date:</b>       | 10/25/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/22/2013 |

### 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 Internal Medicine & Emergency Medicine and is licensed to practice in Florida. 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:

This patient is a 50 year-old with a date of injury of 08/23/10. A progress report associated with the request for services, dated 10/22/13, identified subjective complaints of her knee occasionally giving way. She reported improved strength and range-of-motion that she attributes to her aquatic therapy. Objective findings included tenderness to palpation of the knee as well as with range-of-motion. However, the range-of-motion of the knee was normal. Diagnoses included chronic intractable knee pain. Treatment has included oral and topical medications and 18 sessions of aquatic therapy as of the time of the request. A Utilization Review determination was rendered on 10/25/13 recommending non-certification of "Aquatic therapy 2x/week x 3-4 weeks for the left knee".

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic therapy 2x/week x 3-4 weeks for the left knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338, Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22; 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Aquatic Therapy.

**Decision rationale:** The Medical Utilization Treatment Schedule (MTUS) state that low-stress aerobic exercise is initially recommended with knee complaints. The MTUS and the Official Disability Guidelines (ODG) state that aquatic therapy is recommended as an optional form of exercise, where available, as an alternative to land-based physical therapy. The frequency of visits for knee pain, arthritis, and articular cartilage disorder include 9-12 visits over 8 weeks. In general, the Guidelines allow for fading of treatment frequency (from up to 3 visits per week to 1 or less) plus active self-directed home Physical Medicine. The record indicates that the patient has already received 18 visits of aquatic therapy. An additional 8 visits would significantly exceed the recommendation of a total of 9 visits as well as fading of therapy. Further, expected functional improvement from Aqua Therapy is not documented and there is no documentation of self-directed home physical therapy. Therefore, there is no documented medical necessity for further aquatic therapy of the knee.