

<b>Case Number:</b>	CM13-0058947		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	10/16/2004
<b>Decision Date:</b>	04/10/2014	<b>UR Denial Date:</b>	11/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/27/2013

### 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 Anesthesia, has a subspecialty in Acupuncture & Pain Medicine 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:

A 56 year old male injured worker with date of injury 10/16/04. He is status post total knee arthroplasty, left done 10/2012 and right done 12/2012. He has completed six sessions of aqua therapy. Per 11/13/13 progress report, his weight was 332lbs. He ambulates with a single point cane and antalgic gait. Per 12/12/13 progress report, the injured worker provided a report from the VA which stated an esophageal tumor was found, biopsy proved it to be cancerous. The date of UR decision was 11/20/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **4 SESSION OF AQUA THERAPY FOR BILATERAL KNEES:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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

**Decision rationale:** Per MTUS CPMTG, 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, for example extreme obesity. Review

of the medical records indicates that the injured worker has already completed six sessions of aquatic therapy per 10/24/13 progress report. He stated feeling more flexible and that he was able to do a couple of walking laps around his apartment complex. He indicated having lost 30 pounds during the last 8 weeks. I respectfully disagree with the UR physician's assertion that there has been no significant objective improvement from the previous trial of aquatic therapy.

**LAND THERAPY 4 SESSION FOR BILATERAL KNEES:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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

**Decision rationale:** Per 12/12/13 progress report, the treatment plan includes "Cancel request for physical therapy, per pt request". As the request is no longer desired, and aqua therapy will be pursued, it is not medically necessary.