

<b>Case Number:</b>	CM13-0059221		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	02/20/2007
<b>Decision Date:</b>	05/19/2014	<b>UR Denial Date:</b>	10/29/2013
<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 Orthopedic Surgery, 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:

This is a 62-year-old gentleman who sustained an injury to the lower extremities on 2/20/07. The records provided for review document that the claimant underwent right total knee arthroplasty in 2009. The clinical assessment on 10/14/13 documented no significant change in the claimant's lower extremity complaints including his knee and hips but documented that he continued to have complaints of low back pain with left sided sciatica. The exam showed limited range of motion of the bilateral hips with tenderness, restricted left knee range of motion, and lumbar tenderness to palpation. Recommendations at that time were for continuation of a course of aquatic therapy for 12 additional visits. The documentation indicates that the claimant had a significant course of aquatic and physical therapy over the past several months and was awaiting surgery for arthroplasty of the hips and 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 TIMES 12 VISITS:** Upheld

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

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

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, aquatic therapy can be utilized as an alternative to land based therapy when needed; however, it should be noted that in the chronic setting, the acute need of physical medicine should be limited to 9-10 sessions over an eight week period of time. This specific request for 12 additional sessions of aquatic therapy for this individual who has already undergone a significant course of recent aquatic therapy exceeds the guideline recommendation. There is no documentation to support that this claimant is an exception to the guidelines, and the 12 additional sessions cannot be indicated as medically necessary.