

<b>Case Number:</b>	CM13-0062357		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	11/30/2011
<b>Decision Date:</b>	04/11/2014	<b>UR Denial Date:</b>	11/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/06/2013

### 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 Occupational 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:

The applicant is a represented [REDACTED] employee, who has filed a claim for chronic knee pain reportedly associated with an industrial injury of November 30, 2011. Thus far, the applicant has been treated with analgesic medications, prior knee arthroscopy in July 2012, eight sessions of physical therapy in June and July 2013, at least four sessions of manipulative therapy in March and April 2013 (per the claims administrator), eight sessions of aquatic therapy in July 2013 (per the claims administrator), and psychological counseling in unspecified amounts. On an October 9, 2013 progress note, the applicant is described as having persistent complaints of neck, back, and bilateral knee pain. The attending provider posits that the applicant is entitled to 24 sessions of physical therapy, manipulative therapy, and occupational therapy. It is stated that the applicant has only slightly improved. The applicant has ongoing issues with sleep disturbances, stress, anxiety, and sexual dysfunction. The applicant is asked to pursue an additional eight sessions of aquatic therapy, further manipulative therapy, and follow up with the psychologist while remaining off of work, on total temporary disability. In a Utilization Review Report of November 13, 2013, the claims administrator denied a request for eight sessions of aquatic therapy. The applicant's attorney subsequently appealed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EIGHT SESSIONS OF AQUATIC THERAPY, TWICE A WEEK FOR FOUR (4) WEEKS, FOR THE RIGHT KNEE:** Upheld

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

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

**Decision rationale:** According to the California MTUS Chronic Pain Medical Treatment Guidelines, aquatic therapy is recommended, as an optional form of exercise therapy in those applicants in whom reduced weight bearing is desirable. In this case, however, there is no evidence that reduced weight bearing is desirable. While the applicant may in fact have a multitude of complaints pertaining to the low back, knees, ankles, psyche, there is no evidence that reduced weight bearing is specifically desirable here. The applicant's gait, weight, and ambulatory status were not described on the office visit in question. It is further noted that the applicant has already had eight prior sessions of aquatic therapy in 2013 alone. He has failed to respond favorably to the same. He remains off of work, on total temporary disability, several years removed from the date of injury and seemingly remains highly dependent on various forms of medical treatment with various providers in various specialties, including a gastroenterologist/internist, primary treating physician, and psychiatrist/psychologist. All the above, taken together, imply a lack of functional improvement as defined in MTUS 9792.20f despite completion of at least eight prior sessions of aquatic therapy. Therefore, the request for eight additional sessions of aquatic therapy is not certified, on Independent Medical Review.