

<b>Case Number:</b>	CM13-0064502		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	10/26/2010
<b>Decision Date:</b>	03/24/2014	<b>UR Denial Date:</b>	12/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/11/2013

### 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 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 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:

According to the records made available for review, this is a 50-year-old male with a 10/26/10 date of injury. At the time of request for authorization for Aquatic therapy 3 x 4 weeks of the lumbar spine and bilateral knees, there is documentation of subjective (severe left knee pain, buckling, and giving way) and objective (bilateral knee tenderness, positive left knee patellofemoral grind test, and left knee patellofemoral crepitus) findings, current diagnoses (right knee patellofemoral arthritis), and treatment to date (activity modification and medications). 11/20/13 medical report indicates that aquatic therapy is requested to reduce weight bearing. There is no documentation of an indication for which reduced weight bearing is needed (such as extreme obesity).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic therapy 3 x 4 weeks of the lumbar spine and bilateral knees:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 114, Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that aquatic therapy is recommended where reduced weight bearing is desirable (such as extreme obesity), as criteria necessary to support the medical necessity of aquatic therapy. MTUS reference to ACOEM guidelines identifies importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those, as criteria necessary to support the medical necessity of physical modalities. ODG identifies visits for up to 9 visits over 8 weeks in the management of arthritis of the knee. Within the medical information available for review, there is documentation of a diagnosis of right knee patellofemoral arthritis. In addition, there is documentation of objective functional deficits and functional goals. However, there is no documentation of an indication for which reduced weight bearing is needed (extreme obesity). In addition, the proposed number of sessions exceeds guidelines. Therefore, based on guidelines and a review of the evidence, the request for Aquatic therapy 3 x 4 weeks of the lumbar spine and bilateral knees is not medically necessary.