

<b>Case Number:</b>	CM14-0000206		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	08/02/2001
<b>Decision Date:</b>	06/27/2014	<b>UR Denial Date:</b>	12/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2013

### 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 Physical Medicine and Rehabilitation, 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 patient is a 67 year old female who sustained an injury to her right arm, shoulder, bilateral hips, ankles, knees and low back when she fell on two separate occasions. The reported date of injury is 08/02/2001. She has been treated conservatively with physical therapy and prescription medication. She has undergone L5-S1 decompression in 2005 and left total knee arthroplasty (03/20/2012). She reportedly reinjured her back and leg when her transporter dropped her earlier last year while rehabbing from her knee replacements. On 11/21/2013 the patient was noted to have sensation and strength that were intact. Progress note dated 12/03/2013 documented the patient's right knee continues to be unstable and gives her ongoing pain, swelling and tenderness. She is able to walk for about half a block and stand for five minutes before she needs to take a break and have a seat on her walker seat. On examination she was noted to have tenderness to palpation at the bilateral joint lines (medial compartment greater than lateral) on right knee. Left knee is not tender to palpation. Motor strength 5+ in the quadriceps and hamstring. The physician requested an extension to the patient's previous physical therapy authorization stating the patient would benefit from eight visits of water therapy. The Utilization Review decision dated 12/16/2013 documents the request for aquatic therapy was not medically necessary based on the patient's prior physical therapy participation and the lack of evidence indicating the patient is unable to perform land exercises.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 VISITS OF WATER THERAPY FOR THE BILATERAL KNEES:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, AQUATIC THERAPY,.

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

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, aquatic therapy is recommended as an optional form of exercise therapy, 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. The medical records do not demonstrate significant functional limitations are present. Also, she is not morbidly obese that would inhibit her ability to participate in land-based activities. Patient had past aquatic and land PT that should have educated this patient in independent home exercise program. At this juncture, the patient's focus should be on utilization of a self-directed home exercise and activity program, which would not require access to aquatic facilities. The medical necessity of the requested aquatic visits has not been established. The request is not medically necessary and appropriate.&#8195;