

<b>Case Number:</b>	CM14-0001234		
<b>Date Assigned:</b>	01/22/2014	<b>Date of Injury:</b>	03/14/2012
<b>Decision Date:</b>	06/19/2014	<b>UR Denial Date:</b>	01/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/02/2014

### 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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 58 year old female with a date of work injury 3/14/12. The diagnoses include right knee per patellar arthritis with history of scope x 2 and history of a meniscal tear, tricompartmental arthritis primarily to the lateral joint space, stress/anxiety/depression secondary to pain, and gastro intestinal upset, left hip strain with greater trochanteric bursitis secondary to altered gait, left knee sprain/strain secondary to altered gait. There is a request for aquatic therapy 2 x 3 to the right knee. There is an 11/1/13 primary treating physician document that states that the patient has completed 7/10 acupuncture sessions and can put more weight on her leg and has increased range of motion. Prolonged weight bearing left leg aggravates both knees and the hip on the left. On exam the patient is five foot seven inches tall and weighs 165 lbs. The left hip has tenderness to palpation on the greater trochanteric. There is a positive FABERE test. Both knees have per patellar tenderness. There is lateral greater than medial joint line tenderness. There is no patellofemoral crepitus bilaterally and a negative bilateral McMurray sign. Flexion is 110 on the right and 120 on the left and extension is zero. The treatment plan includes a request for aqua therapy because patient failed land based therapy to increase range of motion and strength and also because of body habitus.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**AQUATIC PHYSICAL THERAPY (2X3) FOR THE RIGHT KNEE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: Aquatic Therapy

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Physical Medicine, Page(s): 98-99. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:  
<http://www.nhlbi.nih.gov/guidelines/obesity/BMI/bmicalc.htm>

**Decision rationale:** The request for Aquatic therapy 2 x 3 to the right knee is not medically necessary per the MTUS guidelines. The documentation indicates that the patient was certified 6 PT sessions on 2/20/13 of land based therapy and per physician documentation patient did not receive benefit from these sessions. The request for aqua therapy is not medically because the guidelines recommend up to 10 visits for this condition. The request would exceed the recommended number of therapy visits. There is no documentation the patient is performing a home exercise program. Furthermore the MTUS guidelines recommend aquatic therapy in conditions where reduced weight bearing is desirable, for example extreme obesity. The patient's body mass calculation per the NIH obesity guidelines does not place her in the obese category, but in an overweight category. The recommendation for aquatic therapy 2 x 3 to the right knee is not medically necessary.