

<b>Case Number:</b>	CM14-0005697		
<b>Date Assigned:</b>	02/05/2014	<b>Date of Injury:</b>	03/17/2003
<b>Decision Date:</b>	06/12/2014	<b>UR Denial Date:</b>	12/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2014

### 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 Orthopedic Surgeon, and is licensed to practice in Texas. 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 injured worker is a 55 year old male whose date of injury is 03/17/2003. The mechanism of injury is not described. Treatment to date includes cortisone and Supartz injections. Note dated 08/13/13 indicates the injured worker was recently authorized for a course of physical therapy. Note dated 10/14/13 indicates motor strength is normal in the upper and lower extremities. CT scan of the abdomen and pelvis dated 10/31/13 revealed gastric band in good position; diverticulosis without evidence of acute diverticulitis; right renal cyst measuring 1.7 centimeters; status post cholecystectomy. Handwritten note dated 12/16/13 indicates there is pain in the knee, lower back and sides and hip. The injured worker is unable to put socks on. Diagnoses are tear of the medial meniscus, lumbar disc displacement, and rotator cuff displacement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**AQUATIC THERAPY 2X4 TO BILATERAL KNEES:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341, Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

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

**Decision rationale:** Based on the clinical information provided, the request for aquatic therapy twice weekly for four weeks to bilateral knees is not recommended as medically necessary. The injured worker sustained injuries more than eleven years ago; however, there is no comprehensive assessment of treatment completed to date or the injured workers response thereto submitted for review. There is no current, detailed physical examination submitted for review and no specific, time-limited treatment goals provided. There is no indication that reduced weightbearing is desirable as required by California Medical Treatment Utilization Schedule (CAMTUS) guidelines. Request is not medically necessary.