

<b>Case Number:</b>	CM14-0015908		
<b>Date Assigned:</b>	06/04/2014	<b>Date of Injury:</b>	01/11/2012
<b>Decision Date:</b>	07/31/2014	<b>UR Denial Date:</b>	01/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/07/2014

### 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 & Rehabilitation and is licensed to practice in Texas and Oklahoma. 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 49-year-old female who reported an injury on 01/11/2012. The mechanism of injury was not provided for clinical review. The diagnoses include status post knee arthroscopy, debridement, medial meniscectomy, and degenerative joint disease of the knee. The previous treatments include an orthotic brace, medication, and Lidocaine injection. Within the clinical note dated 12/17/2013, it was reported the injured worker complained of left knee pain. Upon the physical examination of the left knee, the provider noted the range of motion was at 5 to 120 degrees. He indicated the injured worker had pain with range of motion. He noted there was tenderness at the medial joint line and minimal tenderness at the anterior lateral joint line. The injured worker had a negative pivot shift test. The provider requested for aquatic therapy to strengthen the patient's knee. However, the request for authorization was not provided for clinical review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **AQUATIC THERAPY 2-3 X 4 WEEKS FOR TREATMENT OF THE LEFT KNEE:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines AQUA THERAPY.

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

**Decision rationale:** The request for aquatic therapy 2 to 3 times a week for 4 weeks for treatment of the left knee is non-certified. The injured worker complained of pain to her left knee. California MTUS Guidelines recommend aquatic therapy as an optional form of exercise therapy, when available as an alternative to land-based therapy. Aquatic therapy including swimming can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example in the case of extreme obesity. For neuralgia and myalgia, the Guidelines note 8 to 10 visits of aquatic therapy. There is a lack of significant objective findings indicating the injured worker is recommended to have reduced weight bearing. There is a lack of documentation indicating the injured worker is unable to perform land-based physical therapy. There is a lack of documentation indicating the injured worker is diagnosed with or treated for extreme obesity. Therefore, the request for aquatic therapy 2 to 3 times a week for 4 weeks for treatment of the left knee is not medically necessary.