

<b>Case Number:</b>	CM14-0018909		
<b>Date Assigned:</b>	02/24/2014	<b>Date of Injury:</b>	07/21/2012
<b>Decision Date:</b>	07/03/2014	<b>UR Denial Date:</b>	02/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/14/2014

### 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 Surgery 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 injured worker is a 37 year old female whose date of injury is 08/20/2012. She sustained an injury while employed in housekeeping. Follow up note dated 05/16/13 indicates that she complains of increased pain in her lower back radiating down the right lower extremity. Assessment is lumbar spine myoligamentous injury with bilateral lower extremity radicular symptoms, and right knee sprain/strain. The injured worker underwent lumbar epidural steroid injection on 06/17/13 and 09/09/13. The injured worker underwent right knee arthroscopy with partial lateral meniscectomy and chondroplasty on 07/25/13. Report dated 10/08/13 indicates that she complains of right sided low back pain and right knee pain. She is doing a home exercise program. On physical examination right knee strength is 5/5 in flexion and extension. Range of motion is 0-130 degrees.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**AQUATIC THERAPY TWO (2) TIMES A WEEK FOR FOUR (4) WEEKS FOR THE RIGHT KNEE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 two times a week for four weeks for the right knee is not recommended as medically necessary. There is insufficient clinical information provided to support this request. The injured worker underwent right knee arthroscopy with partial lateral meniscectomy and chondroplasty on 07/25/13; however, there is no comprehensive assessment of treatment completed to date or the injured worker's response thereto submitted for review. There is no current detailed physical examination submitted for review and no specific, time-limited treatment goals are provided. CA MTUS guidelines would support 1-2 visits every 4-6 months for recurrence/flare-up and note that elective/maintenance care is not medically necessary. CA MTUS guidelines support aquatic therapy when reduced weightbearing is desirable. It is unclear why the injured worker is unable to perform land-based therapy at this time. The request is not medically necessary or appropriate.