

<b>Case Number:</b>	CM14-0120157		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	04/30/2008
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	07/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2014

### 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 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 injured worker is a 57-year-old-male who sustained injury on 04/30/08. Mechanism of injury was not provided for review. He is diagnosed with lumbar degenerative disc disease and S/P right total knee arthroplasty. The injured worker complains of moderate knee pain. He is S/P right total knee arthroplasty on 10/4/2013. Medications: Prior outpatient physical therapy notes state that he was able to stand and walk for 2 minutes without rest. Medications recommended: Naprosyn, Norco and Omeprazole. Exam has showed gait moderately antalgic. Right knee is noted with mild to moderate swelling. ROM: extension: 0, flexion: 115. Strength was 4/5. MRI lumbar spine without contrast dated 06/19/2014 showed Multilevel degenerative disc disease and facet DJD with spinal stenosis. On 1/17/14, the patient was noted that was doing well. On 1/28/14, PT note stated that a new course of physical therapy was started. The injured worker received 11 PT visits. PTP report dated 3-10-14: patient is recommended for water therapy UR determination for Eight (8) Aquatic Therapy Visits for the Lumbar Spine and Right Knee: Not medically necessary and appropriate.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Eight (8) Aquatic Therapy Visits for the Lumbar Spine and Right Knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain.

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

**Decision rationale:** According to CA MTUS guidelines, aquatic therapy is recommended as an optional form of exercise therapy, where available, 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, such as for extreme obesity. In this case, there is no indication the patient requires reduced weight-bearing. In addition, the injured worker has received a course of physical therapy and is noted to have Range of Motion (ROM) and strength within the functional limits and be able to ambulate using a cane. In addition, at this juncture, the patient should be well versed in independent home exercise program, which he can continue to utilize on a regular basis to manage residual deficit and maintain functional gains. The medical necessity of the request is not established.