

<b>Case Number:</b>	CM14-0121070		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	10/16/2011
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	07/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2014

### 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 patient is a 58 year old female who was injured on 10/16/2011 when she stuck her knee out to prevent a door from closing. She felt immediate pain to her left knee. Prior treatment history has included physical therapy and Orthovisc injections. The patient underwent revision partial medial meniscectomy; chondroplasty and debridement of trochlea; chondroplasty and debridement of medial femoral condyle on 04/29/2013. Diagnostic studies reviewed include MRI of the left knee dated 02/21/2014, that revealed chronic osteochondral lesion in the posterior medial femoral condyle without evidence of loose body or full-thickness chondral loss; worsening chondromalacia in the mid medial femoral condyle, now with full-thickness chondral loss; worsening chondromalacia in the patella, now with chondral denudation in the patellar ridge and medial patellar facet; and small to moderate joint effusion. QME report dated 06/19/2014 states the patient presented with left medial inferior knee pain rated as 7/10. She reported difficulty kneeling, bending at the knee or prolonged walking or standing. Her pain increases with activity. She noted difficulty falling asleep secondary to pain. On exam, she has a slow and antalgic gait. There is mild swelling of the left medial knee. She is tender over the left medial joint line. She has full range of motion to bilateral knees to flexion and extension. There is no instability to varus and valgus stretch. The patient is diagnosed with osteochondral lesion and chondromalacia of the medial femoral condyle and chondromalacia patella and recommended for aquatic therapy twice a week for 6 weeks. Prior utilization review dated 07/16/2014 by [REDACTED] states the request for Aquatic Therapy two (2) times a week for six (6) weeks is denied as there is no documented evidence to support the request. Patient had 36 PT visits certified between 5/29/12 to 8/2014.

### 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 six (6) weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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

**Decision rationale:** Per MTUS guidelines, aquatic therapy is recommended as an optional form of exercise therapy as an alternative to land based therapy to minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. Documentation does not support the need for non-weight-bearing exercises. No documentation supporting the patient is obese. Further, the patient has documentation of 36 certified PT visits in the past and should be well versed in home exercise by now. Therefore, the medical necessity has not been established.