

<b>Case Number:</b>	CM14-0137180		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	08/05/2013
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	08/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2014

### 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 Internal Medicine and is licensed to practice in New York. 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 claimant is a 50 years old female who sustained an industrial injury on 08/05/2013. The mechanism of injury was not provided for review. Her diagnoses include left knee strain, ACL (Acromioclavicular) strain and chondromalacia. She continues to complain of left knee pain with intermittent swelling and pain with squatting, bending and twisting. On exam she has an antalgic gait with evidence of trace effusion and tenderness over the medial and lateral patellar facet as well as medial and lateral joint lines. The left quadriceps muscle strength and flexion of the left knee was slightly decreased. Treatment has included medical therapy with Celebrex, surgery, physical therapy and a Synvisc injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Six (6) Aquatic therapy sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy. Decision based on Non-MTUS Citation Official Disability Guidelines, Aquatic therapy (Knee & Leg) & Physical Medicine Guidelines

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

**Decision rationale:** Per California MTUS Guidelines, aqua 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, for example extreme obesity. Water exercise improved some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities may be required to preserve most of these gains. Per the documentation the claimant underwent at least 15 sessions of land- based physical therapy post-operatively without any documentation of improvement in activities of daily living or work restrictions. In addition aquatic therapy is most beneficial for knee osteoarthritis and the patient has no diagnosis of osteoarthritis of the knee. Medical necessity for the requested item has not been established. The requested six (6) Aquatic therapy sessions is not medically necessary and appropriate.