

<b>Case Number:</b>	CM14-0144091		
<b>Date Assigned:</b>	10/02/2014	<b>Date of Injury:</b>	05/05/2009
<b>Decision Date:</b>	11/03/2014	<b>UR Denial Date:</b>	08/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/05/2014

### 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 42 year old female with a date of injury on 5/5/2009. Arthroscopic surgery was done in 2011. She had magnetic resonance imaging of the left knee on 2/21/14 which revealed edema in the subcutaneous fat adjacent to proximal tibia. The request is for diagnostic ultrasound studies of the bilateral knees and aquatic therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diagnostic ultrasound studies of the bilateral knees:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg, Ultrasound, Diagnostic

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee chapter, Ultrasound

**Decision rationale:** Per Official Disability Guidelines, diagnostic ultrasound is recommended as indicated below: Soft tissue injuries, meniscal chondral surface injuries and ligamentous disruption are best evaluated by magnetic resonance imaging. In addition, sonography has been shown to be diagnostic for acute anterior cruciate ligament injuries in the presence of hemarthrosis

or for follow up. In this case, no specific reason has been mentioned for the knee ultrasound and no clear diagnosis or differential diagnosis has been set forth such as any ligamentous injuries. Furthermore, the injured worker had magnetic resonance imaging of the left knee on 2/21/14 which was diagnostic of edema in the subcutaneous fat adjacent to proximal tibia. Therefore, the request for the knee ultrasound is not medically necessary in accordance to guidelines and based on the available clinical information.

**Aquatic therapy, three times per week for four weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy.

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

**Decision rationale:** As per the California Medical Treatment Utilization Schedule 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, for example extreme obesity. Guidelines recommend 3-4 visits per week with documented evidence of functional improvement in the first two weeks for additional visits. In this case, the injury is old and the arthroscopic surgery was done in 2011. There are no records of previous therapy (land or aquatic) progress notes. At this point, the injured worker should be well-versed in a home exercise program. Furthermore, the requested number of aquatic therapy exceeds the guidelines recommendation. Thus, the request is considered not medically necessary in accordance to guidelines.