

<b>Case Number:</b>	CM14-0152113		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	02/07/2007
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	09/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2014

### 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 Texas. 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:

Medical records reflect the claimant is a 57 year old female who sustained a work injury on 2-7-07. Medical records reflect the claimant had a right knee arthroplasty on 1-17-14. Office visit on 7-7-14, notes the claimant reports her knee is doing well. She has days with occasional pain, she has right knee tenderness. The claimant has had 22 physical therapy sessions. The claimant is continued with medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Water Aerobics Therapy 2 times a week for 4 weeks to the right knee:** 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)

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

**Decision rationale:** Chronic Pain Medical Treatment Guidelines as well as ODG notes that 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. There is an absence in documentation noting that this

claimant cannot perform a home exercise program or that there is obesity that requires reduced weight bearing. Additionally, she has completed postop physical therapy per current treatment guidelines. Therefore, the request of Water Aerobics Therapy 2 times a week for 4 weeks to the right knee is not medically necessary and appropriate.