

<b>Case Number:</b>	CM14-0152995		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	07/12/2012
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	08/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/19/2014

### 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 Orthopedic surgery 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 claimant is a 51-year-old gentleman who sustained injuries to the lumbar spine and right knee on 07/12/12. The clinical records provided for review included the 06/19/14 progress report documenting that the claimant is status post knee arthroscopy followed by twelve postoperative physical therapy sessions but remained symptomatic. Additional physical therapy was recommended at that time. The follow up PR2 report of 07/18/14 notes that the claimant still has complaints of pain following surgery and was awaiting an MRI for his contralateral left knee. Physical examination revealed zero to 130 degrees range of motion, mild swelling and healed portal sites. There was no lumbar assessment documented on that date. The claimant's diagnosis was bilateral knee strains. Discussion regarding a possible left knee surgery was provided at that date, but no documentation of treatment to the low back or right knee was noted. This review is for continuation of physical therapy to include six additional sessions of aquatic therapy for the claimant's right knee and lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic therapy for the right knee and lumbar spine, QTY 6 sessions:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy, Physical Medicine Page(s): 22; 98-99.

**Decision rationale:** Based on California MTUS Chronic Pain Medical Treatment Guidelines, aquatic therapy for both the right knee and lumbar spine for six sessions would not be indicated. The medical records for review document that the claimant has exceeded the Post surgical Guideline physical therapy criteria following right knee arthroscopy. The medical records do not document any current clinical examination findings or subjective complaints of the low back that would necessitate the need for further aquatic therapy in the chronic setting. Chronic Pain Guidelines typically reserve the role of aquatic therapy for individuals who are incapable of performing land based activity. There is currently no indication that the claimant is unable to perform land based activities or function. The requested for Aquatic therapy for the right knee and lumbar spine, QTY 6 sessions is not medically necessary.