

<b>Case Number:</b>	CM14-0155920		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	08/25/1998
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	09/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2014

### 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 76 year old male with an injury date of 08/25/98. Based on the 05/02/14 progress report provided by [REDACTED] the patient complains of left knee pain. Physical examination to the left knee reveals decreased range of motion and severe valgus deformity. Diagnosis includes degenerative joint disease and knee arthritis. Per progress report dated 02/03/14, patient is awaiting left knee TKA, total knee arthroplasty. Per progress report dated 06/24/14, patient is post-op procedure, nor date specified. [REDACTED] is requesting Aquatic Therapy 2 x week for 6 weeks. The utilization review determination being challenged is dated 09/15/14. The rationale is "lack of documentation related to the need to minimize the effects of gravity." [REDACTED] is the requesting provider, and he provided treatment reports from 02/03/14 - 07/17/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aqua Therapy 2 times a week for 6 weeks:** 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 Physical Medicine; Aquatic therapy Page(s): 98,99; 22.

**Decision rationale:** The patient presents with left knee pain, arthritis and degenerative joint disease. The request is for Aquatic Therapy 2 times a week for 6 weeks. In review of reports, he is post-op as of 06/25/14, however neither the procedure nor the date has been specified. Thus post-op guidelines were not applied. MTUS page 22 has the following regarding aquatic therapy: "Recommended, as an alternative to land-based physical therapy, specifically recommended where reduced weight bearing is desirable, for example extreme obesity. For recommendations on the number of supervised visits, see Physical medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. There is no documentation of previous physical therapy visits, however the request for 12 sessions exceeds what is allowed by MTUS. While it would appear that the patient has not had water therapy, there is no documentation of the need for weight-reduced exercises or extreme obesity to qualify for water therapy, per MTUS. Recommendation is for denial.