

<b>Case Number:</b>	CM14-0161357		
<b>Date Assigned:</b>	10/17/2014	<b>Date of Injury:</b>	05/16/2014
<b>Decision Date:</b>	11/19/2014	<b>UR Denial Date:</b>	09/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2014

### 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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey.. 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 60-year-old woman who sustained a work related injury on May 16, 2014. Subsequently, she developed a chronic left knee pain. According to a progress report dated October 1, 2014, the patient stated that her left knee pain is about 4/10. She stated that she is mildly improved with occasional dull and sharp pain. Examination of the left knee revealed tenderness over the medial joint line. Range of motion was limited to 5 degrees with extension and 95 degrees with flexion. Medial McMurray test, lateral McMurray test, Pivot shift , and paterllar apprehension were negative. patellofemoral crepitus was positive. There was a full deep knee bend. There was a normal sensation to light touch of the bilateral lower extremities. There was a 5/5 motor strength of all major muscle groups of the bilateral lower extremities without any noted atrophy. The deep tendon reflexes were physiologic and symmetric at the knee jerks and ankle jerks. The straight leg raising, sitting and supine, was negative to 90 degrees bilaterally. The patient was diagnosed with left knee degenerative joint disease, left knee genu varum, left knee chondromalacia patella, and left knee degenerative meniscal tear. The provider requested authorization to use aquatic therapy and Left knee Euflexxa injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic therapy 2 x 4:** 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:** According to MTUS 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. For recommendations on the number of supervised visits, see Physical medicine. 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. (Tomas-Carus, 2007) >. There is no clear evidence that the patient is obese or has difficulty performing land based physical therapy or the need for the reduction of weight bearing to improve the patient's ability to perform a particular exercise regimen. There is no clear objective documentation for the need of aquatic therapy. Therefore, the prescription of aquatic therapy 2x4 is not medically necessary.

**Left knee Euflexxa injections x 3:** 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 Chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (ODG) Hyaluronic acid injections, <http://www.worklossdatainstitute.verioiponly.com/odgtwc/knee.htm#Hyaluronicacidinjections>

**Decision rationale:** According to ODG guidelines, Hyaluronic acid injections is <Recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments (exercise, NSAIDs or acetaminophen), to potentially delay total knee replacement, but in recent quality studies the magnitude of improvement appears modest at best>. There is no documentation that the patient suffered from osteoarthritis that failed medications and physical therapy. There is no clinical and radiological evidence of severe osteoarthritis. Therefore, the prescription of Left knee Euflexxa injections is not medically necessary.