

<b>Case Number:</b>	CM14-0164528		
<b>Date Assigned:</b>	10/09/2014	<b>Date of Injury:</b>	11/13/2013
<b>Decision Date:</b>	11/10/2014	<b>UR Denial Date:</b>	09/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2014

### 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:

This 55-year-old female psychiatric technician sustained an industrial injury on 11/13/13. Injury occurred when she slipped, twisted her left knee, and fell. The 11/18/13 left knee MRI impression documented tricompartmental degenerative change with associated osteophyte formation and pseudo-extrusion of the medial meniscus. There was high grade chondromalacia of the medial compartment with extensive full thickness cartilage loss and osteochondral erosions. The posterior horn and body of the medial meniscus was truncated. There was rupture of the anterior cruciate ligament (ACL). Records indicated the patient had a locked knee, consistent with a bucket handle meniscus tear. The 8/4/14 treating physician report cited continued instability with her knee giving out with prolonged walking and standing. There was grade 8/10 pain with popping, catching, and clicking. There was medial joint tenderness and effusion. Left knee flexion was 100 degrees with positive McMurray's and Apley's tests. Persistent knee pain impacted her general activity and quality of life. Authorization was requested for left knee arthroscopy with debridement, ACL reconstruction, and partial meniscectomy. The 9/29/14 utilization review approved the left knee arthroscopy. The request for 12 visits of aqua therapy was denied as there was no specific indication for aquatic therapy. Peer-to-peer discussion documented agreement with the treating physician and a plan to resubmit the request for 6 visits of land based physical therapy consistent with guidelines.

### 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 QTY:12: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24-25.

**Decision rationale:** The California MTUS guidelines support the use of aquatic therapy as an optional form of exercise therapy, as an alternative to land-based physical therapy. Aquatic therapy is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. The California MTUS Post-Surgical Treatment Guidelines for anterior cruciate ligament repair suggest a general course of 24 post-operative visits over 16 weeks during the 6-month post-surgical treatment period. An initial course of therapy would be supported for one-half the general course or 12 visits. There is no compelling reason submitted to support the medical necessity of aquatic therapy over land-based physical therapy for this patient. Records indicated that the patient had a normal weight for her height. The patient has recently attended land-based therapy with no indication of intolerance. Therefore, this request is not medically necessary.