

<b>Case Number:</b>	CM14-0177903		
<b>Date Assigned:</b>	10/31/2014	<b>Date of Injury:</b>	02/19/2014
<b>Decision Date:</b>	12/15/2014	<b>UR Denial Date:</b>	10/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2014

### 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 is a 28-year-old male with a 2/19/14 date of injury. He injured his right knee when lifting a large patient onto a gurney. According to a progress report dated 9/17/14, the patient stated that he continued to have bilateral knee pain; his right knee pain has been worsening. The provider reported that the patient has not been in any therapy at this time and would benefit from aqua therapy for his pain aggravation. He underwent right knee arthroscopic meniscectomy in April 2014. Objective findings: well healed arthroscopic portals about the right knee, tenderness to palpation to the right medial knee, normal range of motion of bilateral knees. Diagnostic impression: internal derangement of knee not otherwise specified, pes anserinus tendinitis or bursitis. Treatment to date includes medication management, activity modification, physical therapy, and surgery. A UR decision dated 10/3/14 denied the request for aquatic therapy three times per week for four weeks to both knees. There is no evidence of significant obesity or body habitus issues to substantiate this request. The patient has had 24 post-operative physical therapy visits and should be well versed in a home exercise program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic Therapy three (3) times per week for four (4) weeks to both knees:** 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 Page(s): 22, Postsurgical Treatment Guidelines.

**Decision rationale:** The California MTUS states that aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy when reduced weight bearing is indicated, such as with extreme obesity. However, in the present case, there was no documentation that this patient is obese or could not tolerate land-based physical therapy. In addition, guidelines support up to 12 physical therapy visits over 12 weeks postoperatively for knee meniscectomy. According to the UR decision dated 10/3/14, this patient has already completed 24 physical therapy sessions and exceeded guideline recommendations. There is no documentation as to why this patient has been unable to transition to an independent home exercise program at this time. Therefore, the request for aquatic therapy three (3) times per week for four (4) weeks to both knees is not medically necessary.